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PRACTICAL OBSERVATIONS

ON

THE CURE

OF THE

GONORRHŒA VIRULENTA

IN MEN.

BY

THOMAS WHATELY,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS
IN LONDON.

THERE IS NOT PERHAPS IN SURGERY A MORE DELICATE POINT,
THAN THE PROPER MANAGEMENT OF A STUBBORN GONORRHŒA.
SHARP'S CRITICAL INQUIRY.

London :

PRINTED FOR J. JOHNSON, ST. PAUL'S CHURCH YARD;
T. CADELL AND W. DAVIES, STRAND; AND
J. CALLOW, CROWN COURT, PRINCE'S STREET, SOHO;
BY W. SMITH, KING STREET, SEVEN DIALS.

[Price Two Shillings and Sixpence.]

1801.



TO
JOHN SIMS, M.D.

AS A MARK OF
HIGH RESPECT FOR HIS LEARNING
AND
PROFESSIONAL ABILITIES;
AND A SINCERE
EXPRESSION OF ESTEEM FOR HIS
CHARACTER,
AND VALUE FOR HIS FRIENDSHIP;

THIS ESSAY IS INSCRIBED,

BY

THE AUTHOR.

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IT is with no intention of arrogating any thing to myself, that the following essay is brought forward, in which the opinions and practice of men eminent in their profession are controverted. The acknowledged imperfection of human powers, even when aided by study and experience, furnishes a motive for new investigations; and an apology, if any be necessary, for submitting the result of them to public consideration.



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PRACTICAL OBSERVATIONS,

&c.

CHAPTER I.

OF THE NATURE OF THE POISON OF THE
GONORRHŒA VIRULENTA.

BEFORE we undertake the cure of any disease, we ought to make ourselves acquainted with every circumstance, that can throw light upon it's nature, and the causes which produce it. Thus it is of some consequence, that the nature of the poison of the gonorrhœa virulenta should be understood, upon which very different opinions have been entertained. It is acknowledged by all, that it is of an infectious nature, and is received from an impure coition between the sexes. As therefore it is communicated in the same manner as the external sores called chancres, and as the same

person is often infected with both these complaints at the same time, it was naturally concluded, that the poison in both is the same. But this has not only been doubted, but absolutely denied by some authors. From long and attentive observation, however, I am convinced, that these complaints do not differ from each other in the nature of their poison, but merely from a different action of the same virus, affecting different parts. In support of this opinion, which I consider as very important, I shall adduce a few arguments, and the united testimony of other authors.

Mr. Benjamin Bell, a respectable writer in surgery, is one of those, who believe that the poison of the gonorrhœa, and that of the lues venerea, or a chancre, “*are in their nature essentially different, and proceed from different contagions.**” But were this the case, is it not surprising, that these different poisons should so frequently exist at the same time, and in the same part, and as it were in contact with each other, as must happen when a gonorrhœa and a chancre take place together in the urethra?

* Bell on the Gonorrhœa, Vol. I, p. 42.

This heterogeneous conjunction is so contrary to the general laws of nature, with respect to other poisons, that Mr. Bell's opinion carries with it, at first sight, the appearance of very great improbability. A few instances indeed may occur, of two distinct infectious diseases existing together in the same person; as the itch, and lues: but one of these is in the blood, the other a local disease of the skin. Or should it be believed, that these diseases may be combined together, and form a new poison, called the sibbens of Scotland; even this has nothing analogous to the hypothesis of Mr. Bell. In short, I believe, it will be very seldom found, that any two different poisons, such as the small pox and the measles, are capable of communicating, at the same time, two diseases specifically different from each other*. As I hope to, be

* Mr. Cruikshank has given us a striking proof of the improbability of such a combination, in his excellent Treatise on the Lymphatics. His words are, "Some-
 " times the presence of one infectious matter will pre-
 " vent, for a time, the agency of another in the cellular
 " membrane. A very curious instance of this I met with
 " ten years ago: Elizabeth Inwood, two years and a
 " half old, I inoculated for the small pox; the mother
 " was poor, and lived out of the town; I was asked in

able to demonstrate, that the gonorrhœa arises from the same poison as that which produces a chancre, I shall not pursue the argument by analogy any further. Numerous are the instances, in which a simple gonorrhœa has produced a subsequent lues;

“ passing: I said I would call on that day week; I was
 “ prevented, and on the ninth day found her very ill,
 “ but the punctures I had made in the arm were invisible.
 “ I, of course, after this, called every day to inquire
 “ into the cause of this strange appearance. She had
 “ inflamed eyes, sneezing, redness on the surface of the
 “ skin, and other symptoms of the measles; it was the
 “ measles. These went through their usual course, and
 “ fourteen days after, when the constitution was getting
 “ free from this infection, the punctures I had formerly
 “ made in the arm began to inflame, and eight days
 “ after the small pox appeared.”

Treatise on the Absorbents, p. 126.

Mr. Hunter, in his Treatise on the Venereal Disease, notices the same fact; and Dr. Darwin, in his Zoonomia, Vol. I, p. 402, says that two similar cases fell under his care.

Since the above has been written, two cases have been related by Dr. Russel, (Medical and Chirurgical Transactions, Vol. II.) showing the existence of the small pox and measles in the same persons, and at the same time. As, however, these instances occurred only twice, while both diseases were very prevalent, they may be considered merely as exceptions to a general rule.

especially where the former has been improperly treated. Astruc, Turner, and other old writers, repeatedly mention this circumstance: let us, however, hear the opinion of two or three later authors of high reputation.

Sir William Fordyce says, “ I have formerly brought on a lues in several, by “ injections with calomel,” &c.* And Mr. Hunter expresses himself as follows on this subject. “ If any doubt still remains with “ respect to the two diseases being of the “ same nature, it will be removed by considering that the matter produced in both “ is of the same kind, and has the same “ properties; the proofs of which are, that “ the matter of a gonorrhœa will produce “ either a gonorrhœa, a chancre, or the “ lues venerea; and the matter of a chancre, “ will also produce either a gonorrhœa, a “ chancre, or the lues venerea. The following case is an instance of a gonorrhœa “ producing a lues venerea—A gentleman “ twice contracted a gonorrhœa, of which “ he was cured both times without mercury. “ About two months after each he had

* Review of the Venereal Disease, p. 72.

“ symptoms of the lues venerea—those in
“ consequence of the first infection, were
“ ulcers in the throat, which were removed
“ by the external application of mercury.
“ The symptoms in consequence of the
“ second, were blotches in the skin, for
“ which also he used the mercurial oint-
“ ment, and was cured.*”

Dr. Monro, the present celebrated professor of anatomy at Edinburgh, is also of opinion, that the virus of these diseases is the same. I shall give a short extract on this subject, from a manuscript copy of his lectures in my possession, which was taken at the time, that I had the honor of attending them. In treating of injections in the cure of the gonorrhœa, his words are as follow:—“ But should the injection suc-
“ ceed to our wish, that by some astringent
“ power it stops the running, we risque the
“ tainting of the constitution, as the matter
“ goes more readily into the mass of blood.
“ For it is a mistake to suppose, that the
“ gonorrhœa is not capable of communi-
“ cating the lues venerea; they are the same
“ disease.”

* Treatise on the Venereal Disease, p. 15.

If any one should still entertain a doubt on this point, he may find the subject discussed in a full and able manner by Dr. Swediaur*; whose reasoning is very conclusive in favor of the opinion here mentioned: but it is too copious for an extract. These assertions I find confirmed by my own experience; I have seen several instances of the lues venerea, in which the patients never had any other primary symptoms of the disease, than a common gonorrhœa. At this time I have two unequivocal cases of the lues under cure, each of which was brought on by the gonorrhœa; neither of the patients having been at any time affected with the local disease in any other form.

In support of the opinion of the different nature of the two poisons, arguments have been adduced from a supposed inefficacy of mercury in the cure of the gonorrhœa; but I trust, that in the course of this essay, it will be proved to the satisfaction of my readers, that mercury, by means of it's circulation in the blood, will lessen the discharge, and remove all the symptoms of a virulent

* Treatise on the Venereal Disease, p. 25 and seq.

gonorrhœa; as the chordee, ardor urinæ, &c.; and that in some cases it will effect an entire cure, with as much certainty and celerity, as if the disease were a chancre or a bubo. So that the system, founded on the opinion that the virus of this disease is *altogether different* from the venereal virus, cannot, I think, receive any support, from what its advocates have advanced against this remedy.

On this subject Mr. Bell argues as follows: —“ As a further support of this opinion, I “ may add, that if the two diseases were of “ the same nature, and produced by the “ same infection, the remedies proving useful in the one, might be expected to “ prove likewise so in the other. Instead “ of this, we find that those upon which “ we depend with most certainty in the “ gonorrhœa, have no effect whatever in “ the cure of syphilis. While mercury, “ which is the only remedy as we have “ observed above, upon which any dependence can be placed for the cure of syphilis, “ does not in gonorrhœa produce *any* “ *advantage*. Nay, that in some cases, *it* “ *evidently* does harm.*” And in another

* Bell on the Gonorrhœa, &c. Vol. I, p. 41.

place, the same author observes—" That
 " *no advantage* in the cure of the gonor-
 " rhœa is derived from *mercury*, or any
 " remedy acting altogether on the constitu-
 " tion." *

I am aware, that some authors, who acknowledge the virus of the syphilis, and that of the gonorrhœa, to be the same, differ very much in their opinion on the effects of mercury given internally in the cure of the latter disease. Some with Mr. Bell assert, that it has no effect in it's cure. Mr. Hunter, for example, is among those, who are of this opinion; his words are these:—
 " I doubt very much of mercury having
 " any specific virtue in this species of the
 " disease, for I find, that it is as soon curable
 " without mercury as with it. †" And again he says, That " mercury has no more power
 " in curing the gonorrhœa, than any other
 " medicine has. ‡" And afterwards the same author observes, " The gonorrhœa is not
 " *in the least affected by mercury.* §" Never-

* Bell on the Gonorrhœa, &c. Vol. I, p. 169.

† Treatise on the Venereal Disease, p. 73.

‡ Ibid. p. 230.

§ Ibid. p. 331.

theless he advises it to be given during the whole cure, to prevent any bad effects from the absorption of the poison.

I shall reserve, for it's proper place, the elucidation of the effects of mercury given internally in the gonorrhœa virulenta, having aimed at little more in this chapter, than to show, that my opinion respecting the poison of the gonorrhœa virulenta is supported both by argument and respectable authority.

CHAPTER II.

OF THE SEAT OF THE GONORRHŒA VIRULENTA IN MEN, WITH IT'S APPEARANCES IN THE URETHRA.

THE gonorrhœa virulenta in men was supposed by many of the old writers, to be a diseased secretion from the prostate gland, the vesiculæ seminales, and Cowper's glands; but dissections by later surgeons have demonstrated, that the seat of this disease is in the urethra, and generally within two inches of it's extremity, from which issues a discharge of a yellowish or greenish purulent matter. This discharge is produced by an inflammation, excited by the action of the venereal poison, on the inner membrane of this part of the urethra. The disease is sometimes, but not always, attended with a chor-dee, ardor urinæ, &c. This variation is evidently owing to a difference in the degree of inflammation, and erosion of the surface of the urethra, in such cases.

As it will be of considerable importance, in the treatment and cure of this complaint,

to ascertain the exact effects produced by the poison on the urethra, in all the different varieties of the disease, I shall endeavour to point them out. It has been believed, that the gonorrhœa arose most frequently from ulcerations in different parts of the urethra, or the glands adjoining to it, but the researches of modern anatomists seem very nearly to have overthrown this opinion; and it has of late been asserted, that an ulceration of the urethra never takes place in this disease. This doctrine appears to have been first advanced about the year 1750, by that celebrated anatomist the late Dr. Wm. Hunter, who taught it in his lectures. But although it is certainly true, that in most instances of gonorrhœa there is no ulceration of the urethra, it is equally certain, that this is not universally the case, as such a disease does sometimes, though rarely occur.

In my own practice I have in a common gonorrhœa, now and then, met with ulcers in the urethra. Where it's orifice has been naturally wide, I have several times distinctly seen them, both a little within, and at the extremity of this canal. In a few other cases, I have had no doubt, but that ulcers have existed in the urethra, within about

half an inch of it's external orifice, although I have not been able to see them. This opinion is founded on the great hardness of the part (far exceeding that which would arise from an inflamed mucous gland) on the violence of the inflammation and discharge, and on finding the disease yield to no remedy but mercury given internally, or used in frictions. The ulcers in the urethra, which I have been able to inspect, have been of two kinds; namely, such as were in a painful corrosive or spreading state, and attended with an adjoining hardness and inflammation; and such as were in an indolent state, with very little hardness or inflammation around them. It cannot therefore be doubted, but that the same variety exists in other cases, where from the smallness of the orifice of the urethra, the fact cannot be ascertained by inspection.

To the existence of ulcers in the urethra many respectable writers have borne their testimony. Wiseman relates a case of a large chancre in the very entrance into the urethra, accompanied with a hard callus round the adjoining glans*. Astruc, in treating of the gonorrhœa, gives an account of ulcers,

* Wiseman's Surgery, Vol. II, p. 334.

which break out on the internal surface of the urethra, towards it's extremity *. Van Swieten remarks, that Morgagni, in the dissection of the urethra affected by the gonorrhœa, had often seen the traces of an antecedent corrosion, viz. the abolition of the mucous lacunæ, scars in the urethra, &c. † Dr. Swediaur distinguishes very properly between such gonorrhœas as are attended with chancres in the urethra, and such as are not, and of the difference in their cure ‡. Mr. B. Bell observes, that chancres sometimes appear within the verge of the urethra ||. In another place he informs us, that he had a patient with a foul chancre in the urethra §.

Dr. Alex. Monro likewise coincides in this opinion, and has expressed himself very strongly on the subject: the following is an extract from his lectures already mentioned. “ Some have taken a fancy, of late, of

* Astruc on the Venereal Disease, 4th edition, translated 1754. p. 364.

† Van Swieten's Commentaries, by Elliot, Vol. XVII, p. 88 and 89.

‡ Treatise on the Venereal Disease, p. 32.

|| Bell on the Gonorrhœa, &c. Vol. II, p. 15.

§ Ibid. p. 22.

“ denying ulcerations altogether in the
 “ gonorrhœa. It is certainly to be allowed,
 “ that in slight cases of it, there is only an
 “ inflammation; but where the disease is
 “ ill-treated, and the constitution irritable,
 “ there is no doubt but ulcers form. The
 “ appearance of the matter, the particular
 “ pain, the dissections of Morgagni, who
 “ in this particular is inconsistent, which we
 “ seldom find. In his general account of
 “ the gonorrhœa, he says, that there is no
 “ ulceration; but look to the particular
 “ cases, and he describes cicatrices, the
 “ obliteration of the mucous ducts; nay,
 “ forgetting the general opinion, he ex-
 “ plains these as the places, from which the
 “ ulcerating matter had been discharged. So
 “ there was an ulceration, that had united
 “ the sides of the ducts, and we meet with
 “ caruncles growing out of the urethra,
 “ warty excrescences rooted within it,
 “ three quarters of an inch deeper than the
 “ extremity of the penis, which is an argu-
 “ mentum crucis. It has been alleged, that
 “ in the gonorrhœa, we do not find buboes,
 “ and that these are produced only where
 “ there is an ulceration. Now I affirm, that
 “ buboes often arise from a gonorrhœa. So

“ that I have no doubt, but there are slight
 “ excoriations, in some cases, and, in other
 “ cases, ulcerations in the urethra. We
 “ have built too much upon the few dissec-
 “ tions we have had of this disease. In
 “ many slight cases we can scarcely sup-
 “ pose any considerable erosion. Morgagni
 “ in some cases could distinguish cicatrices,
 “ but I can conceive the urethra may have
 “ been ulcerated, and yet no traces of it
 “ shall be afterwards seen; for we see
 “ chancres so healed up, that in a few
 “ years the place of their existence can not
 “ be pointed out. The case is the same
 “ elsewhere. So, upon the whole, the ulce-
 “ ration of the urethra happens more fre-
 “ quently, than we could judge from Mor-
 “ gagni’s cases; we know that it has taken
 “ place, in all the cases where cicatrices
 “ have been discovered.”

Having, I hope, given sufficient proofs
 of the existence of chancres, or ulcers, in
 the urethra, the above extracts shall be fol-
 lowed by a short one, from a very valuable
 and useful publication—“ Ulcers are also
 “ seen occasionally in laying open the
 “ urethra, but these are not frequent. *”

* Baillie’s Morbid Anatomy, p. 227.

Where neither of the kind of ulcers before-mentioned exists in the urethra, there is certainly a considerable difference discernable, in the depth to which the poison penetrates into, or excoriates the inner membrane of the urethra, in different cases of gonorrhœa. Where a chordee and ardor urinæ take place to a considerable degree, and are attended with an excessive discharge, of a greenish purulent nature, and a considerable tension and inflammation along the course of the urethra, the venereal poison insinuates itself deeper into it's inner surface, (and particularly into the lacunæ) than in those cases where these violent symptoms do not occur, and where only a moderate yellowish discharge takes place. I have frequently perceived this difference by the eye; and I have no doubt of it's being always discernable, were it possible to see the whole of the affected surface of the urethra*. As

* In some of these cases this disease is a mere superficial inflammation of the inner membrane of the urethra, without any apparent irregularities on it's surface, or any induration of the corpus spongiosum; in others, the diseased surface is unequal and rough, like that of a file, and when minutely viewed, would, no doubt, be found to be a congeries of little ulcerations. I have seen such

a further proof of the difference in the degree of erosion here related, I might mention the greater obstinacy in the cure of most of the former cases, compared with those of the latter.

As the spurious or external gonorrhœa is a disease of a very similar kind to that which is seated in the urethra, we may, with great propriety, illustrate by it some of the varieties of the latter disease. Sometimes the gonorrhœa spuria is attended with large and deep ulcers upon the prepuce or glans, with much inflammation and hardness. At other times with those which are small, and with a less degree of inflammation and hardness. In some cases the poison inflames the tender skin and subjacent parts of the glans and prepuce, to such a depth, as to thicken and enlarge them; but without producing distinct ulcers. In all these affections, a considerable secretion of a greenish or yellow pus takes place. In other cases

a surface so raw, as to bleed after every evacuation of the urine. In the last cases alluded to, there is sometimes an induration of the orifice of the urethra, and of the substance of the corpus spongiosum to a small extent.

the excoriation of the surface is merely superficial, and without any thickening. The inflammation is also so slight as to occasion a smaller secretion of pus, of a lighter colour than in any of the other kinds of this disease.

Towards the more complete investigation of this subject, it will be of use to observe, that the gonorrhœa virulenta in general affects the urethra partially; either in irregularly shaped patches, which are connected with each other, or in distinct inflamed spots, which secrete the purulent matter. I have sometimes been able to see these appearances just within the orifice of the urethra. Similar appearances are more distinctly seen in the gonorrhœa spuria, the thin cuticle on the glans or prepuce being in this case eroded by the poison. At the beginning of the disease, when the glans is naturally covered by the prepuce, an erosion of any particular spot, either on the glans or prepuce, generally produces one, of a corresponding size and shape, on the part usually in contact with it. Sometimes this appearance takes place in a number of distinct spots at the same time; so that there appear between them irregular portions of sound

cuticle. If the disease in this state be neglected, the erosion generally goes on, till the whole of the cuticle on the glans and prepuce is destroyed; but if the parts be washed only with simple water, it is usually checked in it's progress. I have no doubt, but that the gonorrhœa vera spreads also along the inner membrane of the urethra, by the contact of it's diseased side with the opposite sound side; and that it would spread in this manner, in a short time, from one end of the urethra to the other, were it not checked by the repeated ablutions of the urine. I had written this account from actual observation, without recollecting, that Dr. Alex. Monro had given a very similar description of these diseases in his lectures. I will transcribe the passage as a conclusion to the chapter.—

“ The application of the poison to the
 “ urethra is seldom equal and universal.
 “ There is no just comparison between it
 “ and the catarrh upon the nose, where the
 “ membrane is every where affected equally;
 “ for here one part always suffers more than
 “ another, and it is seldom that we find
 “ external ulcers occupying the glans uni-
 “ formly, but it is affected in spots; it is in
 “ like manner the same within the urethra,

“ as particular spots of it are chiefly affected.
“ We find eschars in a few places, and an ob-
“ literation of certain of the mucous ducts;
“ and the patient in making water, finds
“ the pain more in one place than another—
“ so we are to compare the affection of the
“ membrane of the urethra, to the effects
“ produced on the glans.”

CHAPTER III.

THE DIFFERENCE BETWEEN THE POISON
OF THE GONORRHŒA VIRULENTA, AND
THAT OF THE LUES VENEREA CON-
SIDERED.

THE more perfect our ideas of the nature and properties of the venereal poison are, the more likely are we to apply an effectual remedy for it's destruction. It was formerly believed, that the virus of a chancre, or a bubo, and that of a secondary infection in the blood, or a constitutional disease, called the lues venerea, were altogether the same; as was also the matter of the gonorrhœa, by those who considered this as venereal. Mr. Hunter, however, was the first, who discovered a difference between the poison of a primary and a secondary venereal ulcer. He adduces a number of experiments, to prove, that the matter of a gonorrhœa, a chancre, or a bubo, will, by inoculation, produce real primary chancres in any part of the body; even in those already affected with the lues venerea: while that taken

from a secondary ulcer, will not, by the same method, produce a poisonous sore*. And my observations have convinced me, that the strength, activity, or concentrated properties of this poison, are greater before it has undergone a circulation in the blood, than after it has mixed with it: and that on this account it will generally require a larger quantity of mercury, to destroy it in the former case, than in the latter.

Every practitioner knows the great obstinacy of chancres, and how tedious and difficult their cure often is, if topical remedies, as well as mercury used internally, be not employed†. From what I have been able to observe, it appears, that a great majority of recent cases of this kind will shew little or no amendment by an alterative course of mercury only; and now and then a case occurs, which will resist the effects of this remedy for several weeks together; even though the constitution be loaded with large quantities of it, and the mouth in consequence be severely affected. But the case

* Treatise on the Venereal Disease, p. 292 and seq.

† Mr Hunter is of opinion, that chancres are never cured unless by mercury given internally, or other medical assistance. See p. 31 of his Treatise.

is very different in the treatment of every variety of a secondary disease. I am convinced, that the result of any given number of these cases, in which the same quantity of mercury was used, as would be administered in the same number of chancre cases, would lead to a conclusion, the reverse of what has been just related: a great majority of them would not only show an amendment, but many would, without all doubt, be actually cured by an alterative course of mercury, continued for a proper length of time. In giving this opinion, I beg that I may not be misunderstood: I mean only to assert, that the poison of the lues, in any of its forms, may more frequently be destroyed by mercury, given alteratively, and in small quantities, than the poison of a chancre*.

I shall endeavour to illustrate these ideas, by a few extracts from the writings of Mr. Hunter and Mr. Bell. The former observes, “ That a chancre is in common longer in
“ healing, than most of the local effects

* It must be allowed, that some cases of chancres, as well as of the lues, will yield to small alterative doses of mercury alone; while others will require large doses of it; and a considerable affection of the mouth.

“ from the constitutional disease, or lues
 “ venerea; at least longer than those in the
 “ first order of parts; and this is found to
 “ be the case, notwithstanding that the
 “ cure of a chancre may be attempted, both
 “ constitutionally and locally; while the
 “ lues venerea can, in common, only be
 “ cured constitutionally. It is commonly
 “ some time before a chancre appears to be
 “ affected by the medicine. The circulation
 “ shall be loaded with mercury for three,
 “ four, or more weeks, before a chancre
 “ shall begin to separate it's discharge from
 “ it's surface, so as to look red, and show
 “ the living surface; but when once it does
 “ change, it's progress towards healing is
 “ more rapid*.”

Mr. Bell remarks, “ That the internal
 “ exhibition of mercury alone, will not
 “ always cure chancres.†” And in another
 place he says, “ I have known a person kept
 “ under the complete effects of mercury for
 “ many weeks, and the chancres for which
 “ it was prescribed remain nearly in the
 “ same state as at first; nay, in *different*

* Treatise on the Venereal Disease, p. 226.

† Bell on the Gonorrhœa, &c. Vol. II, p. 260.

“ instances, where this practice was pursued,
 “ and in which the cure was trusted to
 “ mercury alone, although the remedy was
 “ continued in *all of them for six or seven*
 “ *weeks*, and under the best management,
 “ as the chancres did not heal, the mercury
 “ was laid aside, on the supposition of the
 “ constitution being safe; from which, I
 “ conclude, that we cannot depend upon
 “ the internal use of mercury alone, for the
 “ cure of chancres*.”

In corroboration of this reasoning, I shall relate two or three cases, which have lately fallen under my own observation.

A young man contracted a chancre upon the prepuce, for the cure of which, he repeatedly touched it with a strong solution of the vitriol of copper. By this method he healed the sore; but there remained under the cicatrix a very hard lump, of the size of a large pea; owing unquestionably to the insinuation of the venereal poison into the cellular substance of the part. Two months afterwards he applied to me for the cure of this induration, and likewise for venereal eruptions in different parts of the skin,

* Bell on the Gonorrhœa, &c. Vol. II, p. 318.

which had appeared since the healing of the chancre. He was immediately put upon a course of mercury, but so mild a one, as to affect his mouth very slightly. The eruptions on the skin were entirely removed in a fortnight; but the lump on the prepuce had undergone no alteration. The same dose of mercury was continued for some time longer, but with no better effect. It was then increased. As his mouth became sorer, the tumour on the prepuce lessened; and by continuing the same course for about three weeks it was entirely removed.

A gentleman, having about twelve months before been cured of chancres, applied to me for the cure of venereal eruptions on his forehead, arms, and breast, with an induration on his arm of many months standing. A short time before I saw him, he, through another impure connection, had contracted fresh chancres on different parts of the prepuce. He was immediately put upon a mercurial course, and the chancres were ordered to be washed with water only. In ten days all the old venereal symptoms were nearly removed, though his mouth was not affected in the slightest degree by the mercury: but the chancres were larger and more virulent.

than before. The quantity of mercury was then increased, and the lues was perfectly cured in a few weeks; but the chancres were not in the least mended. The quantity of mercury was further increased, in order to cure the chancres; but owing to a peculiarity of habit, and to his being obliged daily to be much out of doors, his mouth could not be made sore enough to cure, or even to alter the state of them. They were therefore touched with the nitrated silver, by means of which they were immediately healed. On this subject, Mr. Hunter remarks, that “A lues venerea shall, in many cases, be perfectly cured, before chancres have made the least change*.”

Besides this difference between the venereal poison in its primary and secondary state, it appears, that the poison of a chancre, or of a bubo, becomes weaker, by long continuance in the affected parts. The following case may serve for an illustration of this idea:—A young man contracted a chancre. It was succeeded by a bubo, which suppurated. Mercury was employed in large quantities, both internally, and by frictions,

* Treatise on the Venereal Disease, p. 227.

for the cure of these complaints; but it was one of those untoward cases, in which the usual doses have no effect, either on the disease or the mouth. Its effects were indeed considerably lessened, by his being obliged to be much in the open air. After a continuance of this plan for many weeks, without the least amendment, he was attacked with a bubo in the other groin; which, as he had no chancres on this side of the penis, probably arose from dormant poison, either in the penis, or in the lymphatic gland. This also suppurated. The quantity of mercury was increased, by which his mouth became extremely sore, attended with a large flow of saliva, which confined him to his bed. The chancre and the first bubo healed immediately after these effects took place; but neither was the second bubo at all mended by it, nor did its virus seem to become less active; for some of it having run along the perinæum upon the buttocks, and remaining upon these parts for several days, merely through neglect, it soon produced fresh chancres upon them, of a very virulent and obstinate kind.

From what has been advanced, there is

reason to conclude, that the virus of a chancre, though partaking of the same specific property, yet, nevertheless, differs considerably in it's quality from that of an ulcer from a secondary infection. Hence we infer, that the poison of a bubo is nearly of the same kind as that of a chancre; inasmuch, as being mixed only with a small quantity of lymph in it's passage to the gland, it has not undergone the same change, which it does from a long circulation, and a subsequent deposition from the blood: and experience confirms the truth of this remark; buboes being known to be generally obstinate and difficult of cure; and when they take place in a person afflicted with chancres, they require the same quantity of mercury, and the same degree of the affection of the mouth, as are necessary to cure the chancres.

If this difference exist, between the poison of a chancre or a bubo, and that of the lues, we may safely conclude, that it exists also between the poison of the gonorrhœa virulenta, and the lues. I shall not, therefore, take up my reader's time, in endeavouring to prove this; for if the truth

of the former be established, the latter must likewise follow; if it be granted, that the poison of a gonorrhœa, and that of a chancre, are the same. From these elucidations of the nature, seat, and properties, of the gonorrhœal poison, we proceed to the method of treating this complaint.

CHAPTER IV.

OF THE TREATMENT OF THE GONORRHŒA
VIRULENTA IN MEN.

FROM what has been advanced in the preceding pages, it may be supposed, that the cure of the gonorrhœa virulenta would be found to be simple and easy; that as mercury, exhibited internally in a proper manner, or used in frictions, is known almost always to cure a chancre or a bubo, it would, if exhibited in a like manner, cure every species of this disease. But in such an expectation we shall be disappointed; for, though mercury, thus introduced into the circulation, will be found, in certain cases, to have a very considerable effect towards removing the disease, yet it will seldom entirely eradicate it, without the assistance of other remedies.

I shall divide this disease into three different species.

First, The gonorrhœa attended with ulcer in the urethra, or with a considerable induration of the lips of it's orifice, and of a

portion of the corpus spongiosum adjoining, but without any apparent ulcer. These appearances being for the most part attended with a chordee, and ardor urinæ, to a greater or less degree.

Secondly, The gonorrhœa attended with a chordee and ardor urinæ, with other marks of a considerable inflammatory affection of the urethra and penis, but without any appearance of ulcer, or great induration of the lips of the orifice of the urethra, or of the corpus spongiosum.

Thirdly, The gonorrhœa unattended with any of these circumstances; it's chief symptom being a small purulent discharge from the urethra.

Whenever ulcers or chancres take place in the urethra in the first species, whether they be large or small, or with or without a surrounding hardness, or whenever a considerable induration is met with in the substance of the urethra, near it's extremity, even though it be not attended with apparent chancres, all practitioners agree in the propriety of curing them by mercury, exhibited internally, in the same manner as if the complaints were situate in any of the external parts of the penis.

In all gonorrhœas of the second species, we have reason to conclude, from the observations already made*, that the poison has penetrated into and excoriated the inner membrane of the urethra to some depth, though it may not have produced actual ulcers in it. If in these cases mercury be exhibited internally, or in frictions, in proper doses, it will now and then make a perfect cure of the disease, in a very short time. In general, however, it must be confessed, that mercury, thus given, will not effect a complete cure. But I can confidently assert, that it will, in almost every case, remove the chordee, and ardor urinæ. It will likewise, in a very considerable degree, lessen the quantity of the usual discharge, and alter it's colour and consistence from a deep yellow or greenish thin pus, to that of a light or whitish yellow of a thicker consistency.

The exhibition of mercury for the cure of chancres, in the first species of the disease, will also alleviate all the other symptoms attending that species, to the same degree, as when it is exhibited for the removal of these affections in the second species.

* Chap II, p. 17, and seq.

It has been already observed, that a majority out of any given number of cases of chancres, treated only by mercury given internally, would require an affection of the mouth to be produced by it, before the sores would yield to this method of treatment. It is exactly the same in the second species of gonorrhœa: yet it is impossible, to fix the precise quantity of mercury, which ought to be used for each individual; or the degree of affection, which should be produced by it on the mouth, in order to accomplish it's design. These must vary considerably in different habits, and in different cases. In some few instances, indeed, this gonorrhœa will be benefitted to the same extent, by alterative doses of mercury, as when an affection of the mouth is produced by it: an effect, similar to what has been already mentioned, concerning the power of this remedy in the cure of some chancres. From these circumstances, it will be found in practice, that nearly an equal number of all these gonorrhœas will, in their symptoms, yield to mercury, in the manner already described, with as much certainty, as may be expected in a like number of cases of chancres.

From this statement it appears, that, if we

be to expect good effects from mercury in these gonorrhœas, we must give it in the same manner, and in the same doses, as would be necessary to cure recent chancres. It is chiefly from a want of attention to these circumstances, that so much difference of opinion has arisen, with respect to the action of mercury in this disease. The best and most certain way of judging of the quantity of mercury necessary to be used, is by the effect produced on the disease. In the greater number of all these cases, we must bring on that general soreness of the mouth, which proves, beyond a doubt, that the mercurial stimulus pervades every part of the body. As soon as this is done, the chordee and ardor urinæ begin to go off; and if the mercury be continued for a few days only, in such quantity, as to produce the same effect, these painful affections will be nearly removed. As these symptoms decline, the inflammation and tension of the glans, and along the urethra, likewise lessen, and the discharge for the most part abates, and becomes thicker and whiter, as was before observed. In order, however, to procure all the benefit, which may be derived from mercury, in this complaint, it will be

often necessary, to administer it in this manner for ten days or a fortnight, or, in some cases, a little longer. When it happens in any particular case, that a gonorrhœa resists the effects of mercury for a time, and the symptoms are not even alleviated by it, we may easily explain this occurrence, by adverting to the same circumstance in the treatment of some chancres.

To those who have frequent opportunities of seeing the venereal disease, it is altogether unnecessary, to give any description of the proper affection of the mouth by mercury; but lest some should be misled by what has been advanced, for want of such a description, I shall just observe, that where this effect takes place, in a manner to be depended upon, the gums, both of the upper and lower jaw, swell, become tender to the touch, and ulcerate or decay from the teeth. All around the mouth, from each lip to the last of the grinders, the membrane of the mouth is more or less blistered, in places opposite to the teeth and the affected parts of the gums. The sides of the tongue, opposite to the inside of the teeth, are likewise blistered in the same manner.

These appearances are accompanied with more or less of fulness or swelling in the cheeks and salivary glands; and also with a peculiar fœtor, and a flow of saliva, varying in quantity, according to the degree of the affection of the mouth, and the state of the habit. When these affections take place, mercury almost always destroys the venereal poison, whatever be the form in which it appears. This happens at least during the continuance of such an affection of the mouth; but it is one of the nicest points of practice in the management of mercury, to produce and keep up an affection of this kind, without carrying it to the unnecessary height of a full salivation. It can be done only by the daily and cautious introduction of uniform doses of mercury, increased or lessened, in proportion to the effect on the mouth; due attention being likewise paid to the concomitant circumstances. As soon as the effects described begin to take place, the doses should be lessened, or omitted for a day or two; in order to avoid a too sudden or too violent affection of the mouth. In all cases, whether of the gonorrhœa or lues, where it is necessary to use mercury beyond it's alterative powers, we must be careful, not

to trust to the mere report of the patient, but attentively inspect the mouth itself. It sometimes happens, that a trifling and even almost imperceptible affection of the gums, particularly just within the incisors, without any blistering of the mouth, is nearly as painful as that degree of affection of the mouth, which I have just described: but upon this no dependance whatever can be placed, with respect to the destruction of the venereal poison. Sometimes too the mouth will be blistered partially on one or both sides, and particularly opposite to the dentes sapientiæ, without being accompanied with the proper affection of the gums.

It does not seem necessary, to take up the reader's time on the subject of the different preparations of mercury, which are given internally. The introduction of this remedy into the circulation is now more than at any former time confined to the method by inunction; and, were it always convenient to the patient, I should, in most cases, prefer it, inasmuch as the stomach and bowels are much less disordered by it, than by any other. But as there are some, who, from the nature of their engagements, cannot

use the ointment; others, who will not; and others again, in whom it is necessary, to give effect to it by the internal use of mercury; I shall just observe, that the preparations, which I have preferred, are calomel, the quicksilver pill, and calcined quicksilver, either with or without opium, as the case requires.

Experience has long convinced me, that mercury so administered, as to produce the effects on the mouth above described, will be attended with all the good consequences I have mentioned, in all those cases of the gonorrhœa of the second species, which do not yield to it's alterative effects*. I am

* I have almost invariably observed that mercury, given in the manner here recommended, has produced these effects. If, however, we reflect for a moment, we shall easily account for the chordee and ardor urinæ not being always completely removed, so quickly as has been mentioned. In the chordee for example, there is an extravasation of coagulable lymph into the cells of the corpus spongiosum, and according to Mr. Hunter, some of these cells are united together by adhesions. It must therefore be evident, that though mercury given internally may quickly destroy the greater part of the poison on the surface of the urethra, and as quickly remove the inflammation excited by it, yet a proper time must be allowed for the absorption of the coagulable lymph, and for the com-

aware indeed, that I may not have the profession universally agreeing with me in this opinion; I can, however, produce some respectable authorities in it's behalf.

Our famous Sydenham observes on this subject, "That though a salivation is not
"able to conquer a gonorrhœa, but having

plete removal of the effects produced by the union of the cells. Moreover, as a very little alteration in the structure of this part may produce a slight degree of chordee, we need not be surprised, if some remains of it continue in a few instances for some time after mercury has acted in the most favourable manner. It may also be easily understood, why in some cases a slight degree of ardor urinæ should remain after the best possible effect of mercury. I have acknowledged, that some discharge almost always remains after it's use; of course some inflammation must still exist on the inner membrane of the urethra: and as the urine must pass over this inflamed surface at each evacuation, we need not wonder, that it will produce in some cases a sensation of slight pain, especially as the salts contained in it may vary in quantity in different cases, and at different times, even in the same patient.

We must be careful, not to mistake an inflammation of the neck of the bladder, or of the bladder itself, for the scalding which accompanies a gonorrhœa, and is chiefly felt at the point of the urethra. The discharge likewise in some cases may not lessen so much as it generally does after the action of mercury administered internally, which may be owing to an inflammation in the urethra, excited by some indisposition of the habit.

“ been in some measure conquered by it, it
“ is ordinarily cured with less trouble*.”

Astruc advises external frictions of mercury in the gonorrhœa, and calls it, “ both
“ an *effectual* and convenient method †.”
Again; “ Although it has been observed
“ more than once, that by the administration
“ of the unction, the gonorrhœa has been
“ *perfectly cured*, as well as *the other symp-*
“ *toms*, yet this is not constantly the case;
“ and it frequently happens, that after a
“ regular and well managed unction, the
“ gonorrhœa has discharged in the same
“ quantities as before, though it has been
“ no longer virulent ‡.”

Dr. Robinson, who published a treatise on this disease in 1736, remarks, “ Amongst
“ all the remedies so mightily extolled by
“ authors, I know none preferable to mer-
“ curius dulcis, or it's offspring calomel.
“ Under good management, I take them to
“ be the most *sovereign remedies* yet dis-
“ covered in the cure of this branch of the
“ venereal disease. I have known three or

* Swan's Sydenham, p. 361.

† Quarto edition, translated 1754. 1st part, p. 267.

‡ Ibid. 2d part, p. 57.

“ four doses given, to twelve grains in a
 “ dose, with the Epsom waters alternis
 “ diebus, carry off the first degree of a
 “ virulent gonorrhœa; with *all it's concomi-*
 “ *tants*, in the *compass of nine days*; it is
 “ impossible to conceive, how this innocent
 “ remedy *corrects the venom*, cools the pas-
 “ sage, and relieves the *heat and smart of*
 “ *urine**.”

Dr. Turner, in his Syphilis, observes, in treating of the cure of chancres—“ But if
 “ they still happen to improve in their
 “ virulence, or grow more spreading and
 “ corrosive, there is no better way of making
 “ a revulsion, than by exhibiting eight,
 “ nine, or ten grains of turpeth mineral,
 “ according to the age, &c. and to repeat
 “ the same, if necessary, at two or three
 “ days distance for twice or thrice, by which
 “ you will find the chancre not only to
 “ abate of it's fretful nature, and grow
 “ more mild and manageable, but the
 “ symptoms of *pain, chordee, and priapism*
 “ if attending, will *quickly go off*. The
 “ *stillicidium* from the penis will be *lessened*,
 “ and it's *malignity* also *subdued†*.” All this

* Treatise on the Venereal Disease, p. 114.

† Turner's Syphilis, p. 83.

was evidently performed by the action of the mercury absorbed into the blood, and not by the mere act of revulsion. The same author afterwards gives an account of many patients, who were *cured* of the gonorrhœa *in a week or ten days*, by taking drops compounded of the muriated quicksilver and rectified spirit of wine. This medicine generally operated with great violence, sometimes producing a salivation, at other times a temporary flow of saliva for an hour or two. Its operation was likewise generally accompanied with severe retchings*.

Chapman, who, in his translation of Astruc, intersperses observations of his own, makes the following remarks, after having given excellent directions for the cure of the gonorrhœa—"Mercury *will take off the*
" *ardor urinæ and chordee*, when they can-
" *not* be removed by *any other remedy*,
" *neither by bleeding, purgatives, nor low*
" *living* †."

The late Sir Wm. Fordyce recommended, after a course of purging, mercurial inunctions in the gonorrhœa. It was his opinion,

* Turner's Syphilis, p. 99.

† Chapman's Treatise, vol. 1, p. 43.

that they should always be used previous to injections, in order to provide against the ill consequences of the disease. His words are—" In using mercurial ointment rubbed
 " in, the discharge in a gonorrhœa generally
 " turns from a green and yellow colour, to
 " one whiter, and diminishes also in quan-
 " tity*."

Heister, in his Surgery, remarks—" In
 " curing a gonorrhœa, you also cure buboes
 " generally at the same time, and *by the*
 " *same means*†." The same author, in another work, says, by giving his polychrest pill, in which was about seven grains of calomel, every other day, with tincture of antimony, in sassafras tea, *most gonorrhœas were cured in fourteen or fifteen days*‡.

Dr. Swediaur likewise observes, " That
 " there are some gonorrhœas, which cannot
 " be cured without mercury§."

To these testimonies let me add that of Dr. Alex. Monro, from whose lectures I copied the following observations—" We
 " have reason to believe, that in the gonor-

* Fordyce's Review of the Venereal Disease, 1768.

† Heister's Surgery translated, p. 227.

‡ Heister's Cases and Observations, p. 82.

§ Treatise on the Venereal Disease, p. 32.

“ rhœa, mercury is one of the *most powerful*
“ antiphlogistics; and though the pulse is
“ quickened by it's use, the inflammation
“ is diminished.”

Since this essay was first written, I have met with a more recent confirmation of the doctrine here advanced. In Dr. Beddoes's contributions to medical knowledge, there is a paper of Mr. Addington's, on the cure of the gonorrhœa, by a few doses of one grain and a half of muriated quicksilver, dissolved in half an ounce of rectified spirit of wine, taken alternately with doses of Glauber's salts. This medicine, which generally occasions a sudden and temporary salivation, seldom fails of alleviating all the symptoms of the disease, in the course of twenty-four hours; and by persevering in it's use for a week or ten days, many hundred patients are said to have been cured by it: no symptoms of the disease being left, excepting that in many instances a gleet or discharge has remained. I have no doubt of the truth of this statement; but, I am rather surprised, that they who administered this remedy, did not likewise try the effects of large and powerful doses of the milder and safer preparations of mercury.

The relief, obtained in the cases related, was, in my opinion, entirely owing to the absorption of large doses of this preparation of mercury into the circulation, and it's immediate action on the venereal virus. If a person under this disease be desirous of a speedy cure, let him rub in a large quantity of mercurial ointment upon the thighs; or take internally large and repeated doses, either of calomel, or any other mercurial preparation, so as to introduce into the circulation a quantity of active mercury, equal to that which existed in the sublimate used in the cases abovementioned: in short, let him only excite a sufficient degree of mercurial action in the habit, and, as I have in many instances seen, the same benefit will accrue in as short a space of time. If then it be the mercury, that after all effects the cure, the milder preparations of this article are on many accounts to be preferred. That made use of in the instance abovementioned is not of this class. Some robust people may venture to take a grain and a half of sublimate at a dose, especially if it's corrosive power be weakened by it's being dissolved in rectified spirit; but such a dose

would, in many cases, produce very disagreeable and even alarming effects.

But although mercury, exhibited in the manner already mentioned, will generally remove all the violent symptoms of the worst and most inflammatory gonorrhœas in the course of ten days or a fortnight, and oftentimes much earlier; and though it may be sometimes proper, to recommend the use of it in such cases, in preference to any other plan of treatment; yet this remedy ought not to be administered, without previously inquiring whether there be any temporary objections to it's use. As, for example, whether there be an inflammatory phimosis, or a paraphimosis, or any other violent inflammation in the parts near the seat of the disease. Inquiry should be made likewise, whether there be not too much general inflammatory diathesis in the habit. In such cases it will be proper, to let blood, to empty the bowels, and to put the patient upon an antiphlogistic plan of living, except where the inflammation is purely erysipelatous, and tending to gangrene. Emollient fomentations and poultices should also be applied to the parts, and continued till these complaints are removed, or at least

considerably abated*. In all these affections, mercury is well known to be particularly unfavourable, and sometimes even dangerous, during their continuance.

After mercury has produced all it's good effects on this species of the gonorrhœa, a purulent yellowish discharge, (sometimes improperly called a gleet,) will, as has been before hinted, generally, though not always remain. This discharge occurs in very different quantities in different cases. Where the habit is robust and healthy, I have often observed it to be very trifling; but where it is relaxed, and of a scrofulous tendency, it is often greater. In these cases, there is certainly an inflammation in the urethra, added to that excited by the poison. This may be exemplified by that spreading inflammation and secretion from the skin, which sometimes take place after the application of a blister upon any part of the body, where there is a predisposition to such inflammation in the habit. I have observed likewise, that either an inflammation of this kind, or else an extension of

* It is almost needless to remark, that there are some cases of paraphimosis, where the operation for that complaint ought to be performed.

the specific inflammation, takes place in some virulent gonorrhœas after the disuse of mercury; as it sometimes happens, that the discharge from the urethra will increase very soon after the mercury is left off, if proper remedies be not used to prevent it.

It is very remarkable, that although the discharge remaining after the use of mercury in a gonorrhœa, is of the same nature, and as highly infectious as that which flowed previous to the use of mercury, yet a longer continuance of the mercurial course will not remove it. We are not, however, to conclude from this, that the mercury has failed of destroying all the poison within the reach of it's circulation. How are we then to account for such a discharge still remaining? Perhaps, we may say, that a portion of the poison still occupies the urethra, but so superficially as not to be acted upon by the mercury. Whether this be a satisfactory explanation of the fact or not, I will not determine; I must confess, that my attention has been often engaged in endeavours, to explain this singular occurrence in a more satisfactory manner, but I have not been able to do it. As every part of the

inner membrane of the urethra is very vascular, and as mercury ought to pervade in a like manner every vascular part of the body, and thereby destroy venereal poison of the same degree of concentricity in one part of the body, as effectually as in another, I must own, that I cannot assign any sufficient reason, why it should not always cure a virulent gonorrhœa, with as much certainty as it does a chancre. Sometimes indeed, as has been before observed, it performs a perfect cure; but in the greater number of cases, though it will nearly effect a cure, it fails in completing it. Though the poison in all gonorrhœas insinuates itself within the numerous lacunæ of the urethra, from which circumstance it becomes more difficult to be expelled by topical applications; yet it's situation in these parts ought not to prevent mercury, when given internally, from acting upon it, since the membrane of these lacunæ is as vascular as any other part of the urethra. However, till a better explanation of this mysterious fact can be given, I shall adopt the one already mentioned; leaving it to others, to explain it in a less exceptionable manner. Thus much I may confidently

assert, that in whatever manner this is done, it probably cannot lead to a more safe, certain, or speedy method of eradicating totally this remaining discharge, than the treatment, which will be found detailed in the following pages, and which was adopted in consequence of the explanation above given. And the cure confirms the opinion, that this remaining discharge is venereal, for it may with certainty be removed by mercurial injections, acting as a topical specific upon it, although injections of any other kind are seldom endued with this power.

When a gonorrhœa of the first or second species is brought into the state here described, by the exhibition of mercury internally, the urethra appears to be affected by the poison nearly in a similar manner to what it is in the third species of this disease, which I shall next describe more fully*.

It is no uncommon thing to meet with recent gonorrhœas, where neither chordee,

* The third species of the gonorrhœa is most frequently met with in persons who have had the disease repeatedly. This opinion is supported by the judgment of Mr. Hunter; who observes, that the first gonorrhœa is generally the worst.

nor ardor urinæ, nor any inconvenience, excepting sometimes an uneasy prickling in the urethra, or a slight sensation of pain in making water, appears to arise from the complaint. It is simply a daily discharge of a *yellowish purulent* matter, accompanied for the most part with more or less redness upon the glans penis, near the orifice of the urethra, but without the inflammatory tension, which attends the commencement of the gonorrhœa of the second species. This discharge varies in quantity in different cases: sometimes it is rather copious; now and then it is so trifling, that it can only be discovered in a morning, before the urine is passed, by pressing the end of the urethra, and no discharge whatever can be discerned, even by a trial of this kind, through the day. In other cases, in addition to the discharge in the morning, a few yellow spots may be seen on the linen, or a small quantity of matter may, at any time, be pressed out of the urethra. In either of these cases, if the prepuce do not naturally cover the glans, the orifice of the urethra is often closed or gummed up; this happens from the drying of the gonorrhœal virus, which issues from it.

Whenever any of these appearances take place, and continue after an impure connection, in a patient who was before perfectly free from any similar affection, we may conclude, that they are produced by the venereal virus acting superficially on the inner membrane of the urethra; and that the disease is as highly infectious, as if the parts were violently inflamed, and the matter secreted in large quantities. Experience shews us, that it is very difficult, to cure a gonorrhœa of this kind by any other remedy than a mercurial injection; for mercury given internally has, in general, no effect whatever upon it, but is hurtful, and retards the cure. As therefore the state of the urethra in this gonorrhœa is nearly similar to what it is in the first and second species of this disease, after a previous treatment by mercury administered internally; and as it has been observed, that the discharge remaining in these gonorrhœas should likewise be cured by mercurial injections; I shall treat of their cure under one head.

CHAPTER V.

OF THE FINAL CURE OF THE GONORRHOEA
OF THE FIRST AND SECOND SPECIES, AND
OF THE CURE OF THE GONORRHOEA OF
THE THIRD SPECIES, BY INJECTIONS.

FROM the remarks already made, it appears, that mercurial injections are to be preferred to any other remedy for the cure of the complaints in question: indeed I know of no other remedy, upon which we can depend in such cases. These injections will, in general, answer all our expectations; but it should be recollected, that they are to be used with great judgment and nicety; and that in different persons, even though the state of the disease, and the habit of body, appear to be the same, the quantity of mercurial stimulus requisite for the cure must often be different: it being necessary, to adjust the strength of the injection to the irritability of the habit. In short, we must use mercurial injections upon the same plan, which we adopt in the use of

mercury internally, for the cure of a chancre or the lues; in the cure of which, no one can venture to name any determinate quantity, that will suit every case and every habit. In these the best and safest plan is to begin with gentle doses, and gradually increase their strength, till they produce their desired effects: and when we reflect how very irritable the urethra is, and how nearly it is connected with parts of great importance, we must immediately see, that it is highly necessary, to attend to the same rule in the management of injections.

Experience has long convinced me, that it is best to confine our practice to two or three preparations of mercury; as the basis of injections. Those, which I have used, have been the muriated quicksilver, or corrosive sublimate, and calomel; of these I think the former the neatest, and by far the best; as an equally strong solution of it can always be applied to every part of the urethra affected by the disease. The calomel will frequently answer our wishes very well; but I have for some years past almost confined myself to the muriated quicksilver, because, calomel being an indissoluble powder, it is not easy to diffuse it so equally,

that it shall be applied uniformly to the urethra. And as some of it lodges in the canal, and is afterwards discharged, it is sometimes difficult to know, when the last particle of the venereal discharge is gone. In using a solution of muriated quicksilver in water, as an injection, I have generally first dissolved it in rectified spirit of wine; in the proportion of one drachm of the muriated quicksilver, to an ounce of the spirit*. By nice management in dropping, or by measurement, this solution may be afterwards diluted with more convenience, and perhaps with more nicety, and less danger of mistake, (especially in mixing small quantities) than by weighing the muriated quicksilver; and a very diluted solution of spirit of wine, applied to the lax, inflamed, and secreting surface of the urethra, tends to heal it, when the poison is destroyed; though it by no means acts as an astringent.

For the reasons already assigned, I always begin the injection, in the cases now under consideration, with two drops of the above

* If the muriated quicksilver be pulverized, it readily dissolves in rectified spirit of wine in the proportion here related, either by shaking them together for some time, or by exposing them to a gentle heat.

solution to four ounces of rain or distilled water; directing it to be used thrice a day only for the first week, and afterwards four or five times a day: this injection, which, for reasons that will hereafter appear, I shall distinguish by the title of number I. will, in almost every case, produce an immediate amendment. It will abate the inflammation, lessen the discharge, and if there be any trifling degree of ardor urinæ, or chordee, it will very generally remove these symptoms in a short time. In a few cases, even so weak an injection as this will occasion some degree of pain, especially on first using it; but in general no such effect follows. In slight gonorrhœas of the third species, I have repeatedly seen this injection remove the discharge in one day, and by continuing it a few days or a week, a complete cure has been effected. As this injection will likewise be found to cure a considerable number of the other cases of gonorrhœa, I would by no means advise, that it be too soon changed for one still stronger. The irritability of the urethra is so different in different men, and so much mischief may arise from strong injections, that I deem it the safest practice, to use the mild injection

above specified, as long as any benefit is derived from it, or in other words, as long as the disease daily decreases by it's use. If by thus using this injection the discharge be entirely removed, and the patient appear to be perfectly well, it is absolutely necessary, to continue it in the same regular manner as before, or at least three or four times a day, for a fortnight, and in some cases even for a month, after the yellow running has entirely ceased. If this precaution be not taken, the disease will probably return.

In endeavouring to ascertain whether the discharge be totally removed, we must be very particular in our inquiries. If we depend upon the patient's account, or even upon a common examination of the urethra, and the linen, we shall be very liable to be deceived, and be led to believe, that the disease is totally removed, when it is not. It will sometimes happen, before the disease is eradicated, that no discharge from the urethra takes place in the day time, none is found upon the linen, nor even by squeezing the end of the penis at some periods of the day; but if this trial be made in the morning, before the patient has made his first urine, a particle of pus, not larger perhaps

in some cases than a pin's head, may be squeezed from within two inches of the extremity of the urethra, but more generally from the part still nearer it's orifice. Some of this discharge is without doubt secreted during the night, from an affected portion of the inner membrane of the urethra. Still more of it, however, probably comes from some of the lacunæ*. In these cases, the matter is collected during the night; the activity of the poison being renewed, partly in consequence of discontinuing the injection, and partly from the urethra not being so frequently washed by the urine during the night, as in the day. In other cases, a small portion of pus may be squeezed out of the urethra at any time of the day; whenever this happens, a few yellow specks may, by close inspection, be found upon the linen. I express myself thus particularly, because the existence of the morbid matter in these cases cannot be detected, without

* Mr. Hunter observes, that where he has had an opportunity of examining the urethra of persons who have died while affected with a gonorrhœa, he has always found the lacunæ loaded with matter, and more visible than in their natural state.

Treatise on the Venereal Disease, p. 48.

an attention to minute circumstances. And it should be recollected, that while a particle of yellow discharge remains, a particle of the venereal poison is still acting on the urethra, which, if the remedy be discontinued, will soon increase in quantity.

But we must be careful, not to mistake the glairy pellucid mucus of the urethra for pus. It often happens, that the linen is spotted by this glaire, and it may now and then be squeezed from the urethra; but its appearance is altogether different from that of pus. To the eye it is transparent; and the linen, when marked with it, is merely stiffened; no more colour being on the part, than there would be if the white of an egg, or gum water, had fallen upon it. The appearance of the stain of pus is very different. Pus from the urethra, like that from a wound or other diseased surface, may be of a whitish, of a cream, or a deep yellow, or green colour; it may be of a thick or thin consistence; according to the degree and kind of inflammation in the secreting vessels, and to the time the pus has lodged in the part after being secreted. In all these

cases, however, it always has colour, and gives colour to the linen *.

In directing our inquiries, in order to ascertain with certainty, whether the gonorrhœa be totally removed or not, we must not permit the patient to irritate the urethra, by squeezing or pressing it unnecessarily; a practice to which many are addicted, from an anxiety to be informed of the state of their complaint. Many gonorrhœas are hereby made worse; the inflammation being kept up longer than it would be, were the part not disturbed. While there are any yellow spots on the linen, we have proof enough, that the disease is not removed; he therefore need not squeeze the orifice of the urethra, to ascertain this. But we must risque the inconvenience of squeezing the part, when the proofs are not visible. When the discharge appears to be totally gone, and we have reason to believe, that the

* I shall not here enter into nice distinctions between pus and mucus. Many ingenious observations on this subject may be found in a dissertation, written by my late valuable friend Mr. Charles Darwin. Nor shall I attempt to prove, that real pus may be secreted merely from an inflamed surface: this circumstance is now, I believe, generally acknowledged.

disease is removed; it may be adviseable for the patient to make the following trial, twice a week, before voiding his urine in a morning; let him gently press the urethra forward with the finger and thumb from about two inches of it's orifice, in order to ascertain, whether there be a particle of yellow matter lodged in it or not. By this examination we may determine, how long the injection should be continued.

If after using the injection, denominated number I. a week or ten days, it appear certain, that the disease has not decreased for the last three or four days, it will then be adviseable, to administer a stronger one: if number I. be too weak, to produce the effect desired, we lose time by continuing the use of it. For a stronger injection, let four drops of the solution be added to four ounces of water, to be used four or five times a day*. This injection (which I shall

* I have repeatedly tried, whether it be most advantageous, to use injections twice—four or five times—or six or seven times a day. I have cured many gonorrhœas by directing them to be employed only twice a day. I am convinced, however, that it is much better, to use them four or five times a day, and that it is altogether unnecessary, to employ them oftener. They should be

call number II.) will almost always lessen the remaining discharge, and produce a real amendment immediately upon using it; and by persevering in it's use, a considerable number of those cases, which would not yield to the first injection, will be perfectly cured in a short time. But if after using this injection a few days or a week, the discharge be not entirely removed, or be not perceived every day to lessen, we may proceed to the use of an injection I shall call number III. which consists of six drops of the solution to four ounces of water. This, like the former, will be found to make a perfect cure of many gonorrhœas, which would not yield to the preceding mixture. But if, after this, the discharge have not utterly ceased, we may order the injection of the next degree of strength, namely, that with eight drops of the solution to four ounces of water, which I call number IV. Having arrived at an injection of this strength, we must be extremely cautious, how we proceed to a farther increase. From the observations which I have made, I am well used as early in a morning as possible, and as late in the evening as can be made convenient, and each time after making water.

assured, that more than three fourths of the complaints in question will be perfectly cured, by persevering in one or the other of these injections, upon the plan here recommended. But I would remark, that in very irritable habits, on the application of an injection of increased strength, a little pain will sometimes be felt for the first two or three days, on making water. The discharge likewise, instead of being lessened, will now and then be increased. But this effect, as well as the other, generally goes off in two or three days:

If, however, upon a fair trial of the last injection, we find, that some yellow discharge still remains, we may use it still stronger, putting ten drops of the solution into the same quantity of the water—this I shall call number V. In the same manner we may proceed, (advancing cautiously indeed) to increase the strength of the injection, by the addition of two drops to the same quantity of water, whenever an augmentation of it's power is obviously necessary: In some rare instances we may go on in this progression, till the injection is of double the strength of that last men-

tioned: this mixture of course is denominated number X*.

If calomel be used as the basis of the injection, it should be in small quantities at first, and afterwards gradually increased, as circumstances dictate. This preparation, although not so liable to give pain as the muriated quicksilver, will, in some cases, considerably irritate the urethra, and bring on an inflammation, either of the testicle or neck of the bladder, unless particular care be taken, that the strength of the injection be very gradually increased. The calomel injection, at the commencement of it's use,

* The method of dropping any medicine is liable to a little uncertainty from a difference in the size of drops; but if they, who prepare an injection after this method, would always use the same phial in dropping the solution, it would remedy this inconvenience, as the drops would be nearly the same. This solution may likewise be diluted in water, with still greater nicety, by measurement, in a graduated glass measure.

Mr. Plenck was, I believe, the first, who recommended a solution of muriated quicksilver in water, as an injection for the cure of the gonorrhœa. The sublimate has since been recommended for the same purpose by many authors, in the proportion of one to four grains dissolved in a quart of water. They have likewise ordered it, to be used in the smallest proportion at first, and to increase it's strength by degrees.

should be in the following proportion: viz. ten grains to three ounces of water, and one ounce of the mucilage of gum arabic. The next degree of strength may be twenty grains of calomel to the same quantity of water and mucilage. The next advance should be forty grains to the four ounces of the same liquids. The last and strongest injection should not exceed one drachm of calomel to four ounces of the menstruum.

Although the mode of cure by mercurial injections is more certain, speedy, and effectual (leaving no gleet whatever behind it) than any other, with which I am acquainted, yet allowance must be made for cases of peculiar difficulty. The cure may sometimes be retarded under the best treatment, from something unfavorable in the patient's habit of body. Some wounds or secreting surfaces upon any part of the body, where the cuticle is removed, are cicatrized with great difficulty, unless we aid the process by internal as well as external remedies. This is particularly the case in scrofulous habits. It is nearly the same where similar habits exist in cases of gonorrhœa. In these, though there be not deep ulcerations in the urethra, yet its inner membrane is in an inflamed secreting

state, different from that attending a gonorrhœa in a healthy habit. This membrane must be also in a certain degree abraded at the part whence the discharge proceeds: of course something like a cicatrizing process must take place, in order to restore it to its natural state. While this impediment from the habit remains, a mercurial injection will not cure the complaint. We shall not be able to stop all the diseased secretion, and restore the urethra to its natural state by this remedy, since the inflammation and secretion are occasioned by a cause, on which the injection cannot operate; a diseased state of the habit. We must therefore aid the cure by other remedies, internal as well as external.

When the discharge from the urethra has not been stopped by a mercurial injection of that degree of strength, which appeared the best suited to the irritability of the patient's habit, I have seen great advantage derived from adding to four ounces of the above injection four grains of the vitriolated zinc*. A dose of Peruvian bark twice a

* The vitriolated zinc should never exceed the quantity of ten grains to four ounces of the liquid; indeed it seems to be the safest practice, from repeated trials which

day, and a generous diet, are to be recommended as auxiliaries. To these may be added (in some cases) the cold bath, or bathing the genitals once a day in cold water. Country air and sea bathing are likewise of great use, in promoting a cure of this complaint. Many instances might be adduced, and many such I have seen, in which patients, under these circumstances, have gone into the country, and there received a perfect cure, by persevering steadily in the use of that very injection, which, while they continued in town, seemed only to mitigate their disorder. In those obstinate cases of which I have been speaking, a steady perseverance in the injections number IV and V is particularly advisable; as I have more frequently seen such yield to these, than to any of the others.

In the use of injections it will likewise sometimes happen, that a cure will appear to be nearly completed in the usual time; no vestige of the complaint remaining, but a small purulent discharge, which may

I have made, to keep under this proportion. My own method is to employ it in the quantity of four grains only to four ounces of the injection.

be squeezed from the orifice of the urethra before passing the urine in a morning, and which will not be removed by continuing the injection; while to use a stronger will be a still greater evil, for it will assuredly increase the discharge. If in these cases the injection be entirely left off, the discharge will immediately cease. From this effect it appears, that, owing to an irritable state of the urethra, the discharge abovementioned is excited by the stimulating property of the injection, after the virus is destroyed. In some cases, however, similar to these, it is so extremely difficult to ascertain, whether a discharge of this kind be owing to the mere irritation of the injection, or to a portion of remaining poison, that we may sometimes find ourselves mistaken in the idea we had formed; for on leaving off the injection, the discharge will increase considerably in the course of two or three days. When such an effect follows the discontinuance of the injection, we have a proof, that the remaining small discharge was owing entirely to some lurking portion of the venereal poison: in such cases we must therefore again have recourse to the injection; to which should be added the internal and

external remedies, already pointed out for the cure of obstinate gonorrhœas.

If, while a patient is using injections, he should be attacked with a hernia humoralis*, or an inflammation of the neck of the bladder, and parts adjoining to it, the latter of which is known by a sudden and frequent desire to make water, by a straining propensity to void more after the bladder is emptied, or by both these symptoms; or if a phimosis, a paraphimosis, or a swelling in the perinæum should come on†, it will be

* To assist in preventing a hernia humoralis, it is advisable in all gonorrhœas to suspend the testicles. Mr. Renny, in a treatise on the venereal disease, has clearly shewn the utility of such a practice.

† Any of these symptoms will sometimes come on from excess of exercise, or irregularity of living, and sometimes indeed without any apparent cause, where injections are not used. I am certain they are also frequently produced by astringent injections, or by the improper management of mercurial injections. But ever since I have used injections in the manner recommended in this essay, I have never found, that they occurred more frequently in a given number of cases, than they would have done in a like number treated without injections.

The inflammation of the neck of the bladder is a much more frequent attendant on the gonorrhœa, whether injections be used or not, than any of the other inflammatory affections, that have been noticed. It cannot

proper to omit the injection altogether, until these complaints are removed, and afterwards to return to it's use with increased caution. All these symptoms generally proceed from phlegmonic inflammation, and not from the immediate action or presence of the venereal virus in the parts inflamed, and are curable by antiphlogistic remedies; such as general and topical bleeding, gentle purging nearly every day, emollient fomentations and poultices, or sitting over the steam of warm water; to which must be added, a cooling regimen, and a horizontal posture, if the symptoms be violent. To these remedies,

indeed, like the others, be ascertained by ocular demonstration, to be the very complaint I have mentioned. No doubt, however, can arise with respect to it's real nature; as, in every instance I have met with, I found it yield to the plan here related; though in a few cases it has been very obstinate. I am clearly of an opinion, that opium in this case, as in many others truly inflammatory, moderates the symptoms only for a time, without producing any real amendment. I think too, that in most cases it protracts the complaint. This remedy is, however, sometimes of service in the decline of the disease, after repeated evacuations. Nor can there be any doubt of it's being a very useful and excellent remedy, where symptoms, somewhat resembling the above, proceed from mere irritation or spasm.

which must always be proportioned to the urgency of the symptoms, diseases of this class will generally yield in a short time. But such success is not invariably to be expected; for sometimes these complaints, particularly the inflammation of the neck of the bladder, will be extremely obstinate, and require a rigid perseverance in the prescribed plan, before they will yield to it. We meet with instances indeed, though they are rare, in which the latter disease continues in spite of all these remedies for several weeks, and at length terminates in a suppuration in the perinæum.

Upon the first attack of a hernia humoralis, or an inflammation of the neck of the bladder, the chordee, ardor urinæ, and discharge from the urethra, generally abate, and sometimes cease entirely for a time; but we must not consider a removal of these inflammatory affections, as a proof of the cure of the gonorrhœa. In these cases, the inflammation only, and not the venereal poison, is translated to a neighbouring part; the latter is not expelled from the urethra; but for want of it's accompanying inflammation, it is in a great degree inactive. As soon, however, as the new inflammation is

removed, the gonorrhœal virus shews it's activity again, by producing a fresh irritation, and secretion of pus from the urethra, although generally in a much less degree than before: nor is this secretion often attended with that violent inflammation, or with the chordee and ardor urinæ to the same degree, which took place at the commencement of the disease: the latter of these on the contrary, in many cases, do not return at all.

As a proof that the gonorrhœal discharge, after the attack of inflammation, proceeds from the same part of the urethra, from which it issued before, I have made a perfect cure in every instance which I have met with, by a mercurial injection, thrown up with a syringe, of the same size as that used for a gonorrhœa, where no such inflammation had previously taken place: which could not possibly have happened, had the gonorrhœal poison, in these inflammatory attacks upon the neck of the bladder and testicle, been translated (as some contend) to the inflamed parts.

In a few instances the gonorrhœal inflammation is translated to the eyes, and other parts of the body, equally distant from

the seat of the primary disease. The following is a curious instance of such an occurrence. A young gentleman had contracted a virulent gonorrhœa, attended with chordee, ardor urinæ, &c. A few days after it's commencement, and before he had used injections, he was attacked with a violent ophthalmia in both eyes. This was cured by the common antiphlogistic plan, and the gonorrhœa was afterwards perfectly removed by injections. About twelve months after this, he contracted another gonorrhœa, attended with the same symptoms as the former. Soon after using an injection for it, he was again seized with a severe ophthalmia in both eyes. In a few days the inflammation left his eyes, and fell upon one of his wrists; leaving this, it attacked the other wrist; and then both the knees in succession. One of the lymphatic glands in the groin next became affected, and suppurated, putting on the appearance of a venereal bubo. From this time there was no fresh attack of inflammation in any other part. The bubo was cured without mercury; and the remaining inflammation in all the other parts was removed by the common antiphlogistic remedies; but a weak-

ness, and some degree of swelling remained in the wrists and knees, for some time, for which, under an idea that his disease was venereal, he was put upon a very severe mercurial course, by a practitioner to whom he had applied, which increased the evil. After having perfectly recovered from all these complaints, he contracted a third gonorrhœa, attended with the same symptoms as the former. Before any injection was applied, he was again seized with an ophthalmia in both eyes; in a few days the inflammation left his eyes, and attacked one of his knees, which was soon much swollen from a collection of fluid in the joint. The inflammation flew to the other knee, and in succession to the ancles and wrists. Blood-letting and cooling evacuants, relieved these complaints; and the gonorrhœa was finally cured, as in the former instances, by the use of injections. It must be remarked, that in all the instances above related, when the inflammation first attacked the eyes, the chordee and ardor urinæ soon ceased, and the discharge from the urethra lessened. It is worthy of observation likewise, that the inflammation, in it's successive removals, was always accompanied with pain in the

part it occupied, leaving the part it had deserted nearly easy*.

Having explained the method of curing these gonorrhœas by mercurial injections, I proceed to offer an illustration of the effects of such topical specifics, by a few observations on the action of mercury on the lues, when internally taken.

In general, most mercurial preparations will effect a cure of the lues, though some of them are certainly preferable to others for this purpose. It is the same in the use of the different mercurial preparations used in injections. In order to cure the lues, we must employ very different quantities even of the same preparation of mercury, in habits apparently the same, and afflicted with the disease to the same degree of violence. Sometimes the curative quantity will act merely as an alterative; at other times, it must necessarily stimulate the mouth and adjacent glands to various degrees in different cases, thereby producing an increase of secre-

* As the inflammation in the hernia humoralis will sometimes go from one testicle to the other without any apparent cause, this case not only shews us a near affinity in all these complaints, but that some habits are singularly predisposed to them.

tion from them, before the destruction of the poison can be effected. Something analagous to this takes place in the use of mercurial injections; for we find that patients apparently of the same habit, and afflicted with the disease in a similar manner, require very different quantities of the same preparation of mercury in the injection. Sometimes the injection cures the disease by acting as it were alteratively. In other instances, the cure cannot be obtained, unless the injection more or less stimulate the urethra, and even produce a temporary increase of secretion from it. Another analagous circumstance may be here introduced. In the cure of the lues, it is absolutely necessary, to continue the mercurial course for some time, after the poison is apparently destroyed; otherwise the disease very generally returns. The case is exactly the same in using mercurial injections. In the generality of cases, a relapse may certainly be expected, if the injection be discontinued as soon as the disease is apparently removed. In each of these complaints, amendments and relapses will take place for a long time, by alternately repeating and omitting the internal use of mercury in one case, and the mercurial

injection in the other, if the remedies be not continued till the disease is eradicated.

In the final cure of gonorrhœas of the first and second species by injections, after the previous use of mercury internally, and in the cure of gonorrhœas of the third species by the same remedy, a question may be made, whether we ought to administer mercury internally in an alterative way, or upon any other plan, in order to prevent the effects of any portion of the poison, which might be absorbed into the blood. Mr. Hunter, and others, recommend this remedy to be given with such a view. I am, however, decidedly of opinion, that this practice is generally unnecessary, and that sometimes it is injurious to the constitution of the patient. Experience shews us, that the poison of the gonorrhœa, when properly treated, is very seldom absorbed into the blood, so as to produce the lues: perhaps, as Mr. Hunter observes, not oftener than once in a hundred cases or more. The fact is certain, though it may not be very easy to explain this circumstance to our entire satisfaction. If mercury acted as a tonic, and for the most part agreed well with the constitution of those, to whom it

is administered, it might be advisable to order it in *every case* of gonorrhœa, to be continued till a cure was effected, in order to prevent the effects even of this rare absorption of the venereal poison.

But although mercury in good hands, under proper management, and while the patient is confined to his room, very seldom injures the constitution; it is by no means equally safe for a person to use it, while he is exposed to all the irregularities of a northern climate, and to various indulgences of appetite. There is no doubt, that many, to whom it might be given under these circumstances, would be so seriously indisposed from it's effects, as to be under the absolute necessity of being confined for some time to the house, should no worse consequence ensue. It is therefore a safer practice, not to give mercury internally, and to risk the subjecting a patient now and then to the lues, which is commonly a disease of safe and easy cure, than by it's administration to risk the bringing on a number of complaints, some of which may prove much more difficult to cure than the lues itself. Beside this objection to the internal use of mercury in such cases, I am

certain that in general it very much retards their complete cure. It has been before stated, that this mineral exhibited internally has no affect whatever in destroying the venereal poison, as it affects the urethra in these species of gonorrhœa. As therefore we rely entirely upon it's topical application, and, as the internal use of mercury is frequently known to produce, in the cases of wounds and superficial sores, an indisposition to cicatrization, I am clearly of opinion, that these gonorrhœas are much more readily cured by injection, without mercury administered internally, than with it. Whenever therefore the process of cure by injection is more slow than usual, instead of giving this remedy, I generally advise a dose of bark, to be taken twice a day; of which practice I have repeatedly seen the good effects.

Before I conclude this chapter, I would observe, that in order to give any injection a full effect, it is necessary that it should be properly thrown into the urethra, and that the syringe be well adapted to the purpose. For want of due attention to these circumstances, many patients have had complaints brought on, in addition to the gonorrhœa;

and others have failed of obtaining a cure. The syringe should be made of bone, or ivory; with a conical point. It's bore should be between three eighths and half an inch in diameter. It should measure two inches and a quarter in length from it's point, without the piston, and should contain, when the piston is *withdrawn*, not more than one drachm of liquid. (Fig. 1.) In using it, the conical point should be inserted very carefully into the orifice of the urethra, and then gently but firmly pressed against it's lips. While it is so pressed, the liquid should be forced by the piston into the urethra, and retained within it about half a minute. This may be done either by keeping the syringe firmly against it's orifice, or if it be withdrawn, by holding the lips of the urethra together, with the finger and thumb of the left hand. When the pressure is removed, the injection should either spirt out, or discharge itself in large drops; if it return in neither of these ways, we may be certain, that it did not go in as it ought. In cold weather, the injection should be used a little warmed; and at all times it should be thrown into the urethra only once at each time of using it; otherwise every injection may give pain.



Fig 1



As the gonorrhœa is generally seated within two inches of the orifice of the urethra, it must be evident, that an injection ought not to go much beyond that distance; lest it carry any of the poisonous matter with it, or, by it's irritation in the lower part of the urethra, excite a swelled testicle, or an inflammation in the neck of the bladder. Having made numerous trials with syringes of various sizes, I am convinced, that it is not in any case necessary, to use them of a larger size than has been described. I have indeed used some that were considerably smaller, and have found them answer as well as the larger ones; but as it is difficult to keep them in order when they are so small, I have chiefly confined myself to those of the dimensions above given.

CHAPTER VI.

OF THE CURE OF THE GONORRHŒA OF
THE SECOND SPECIES BY INJECTIONS
ONLY.

IN the two preceding chapters, I have described a method of treating this virulent species of the gonorrhœa, that is safe, certain, and for the most part expeditious. A mercurial course is, however, a very unpleasant and disagreeable process to the greater part of those, who are afflicted with this complaint; as they neither wish to be confined to the house, nor to make a discovery of their situation to those around them. On these accounts, it is extremely desirable, to adopt a pleasanter method of treatment, provided it be equally efficacious.

Experience proves, that almost all these gonorrhœas may be cured by injections, without the aid of mercury internally. Authors and practitioners have indeed differed extremely with respect to the treatment of this disease. Some seem to think very lightly of every species of the gonor-

rhœa, and believe they can readily work a cure with a little injection in any stage or state of the disorder. Some order mercurial, and others vitriolic injections. Others again, from seeing the great uncertainty of these remedies, and the mischief which often arises from them, condemn the practice of using injections altogether, and endeavour to cure the disease without them, and even without the use of mercury internally administered. In my M.S. copy of professor Monro's lectures, he sensibly observes; on this subject, " That no two practitioners
 " are agreed as to the use and effects of
 " injections: some recommending them as
 " infallible; while others entirely discard
 " them as dangerous." But it ought to have been known with certainty long before this period, whether injections be really serviceable, or not; and, if serviceable, what should be their composition.

Every powerful remedy, whether it be for an internal or an external disease, should be well adapted to it's cure, and be used in adequate doses. It should be recollected, that in many diseases the individual remedy ought to be administered only at certain periods of the complaint. Some collyria,

and other outward applications to the eyes, for example, are proper only in the decline of some inflammations: were they used at the commencement of the disease, the eyes might be totally destroyed thereby. Injections for this species of gonorrhœa are, in like manner, generally injurious at the commencement of the disease; and if this be true, even when the injection is of the most approved kind, what must be the effect of injections in this stage of the disease, if they be made of improper materials? Injections composed of vitriol of zinc, or the like substances, have been strongly recommended by some authors, as superior to any others for the cure of gonorrhœas in all their different stages. It is, however, a matter of the highest importance, to ascertain the effects produced by them, and to determine whether they may be depended on for the cure of such complaints. For many years past I have been very attentive to the effects of the white vitriol, in a great variety of cases, both of the second and third species of gonorrhœa; and I am decidedly of opinion, that it will in no case whatever make a perfect cure of a virulent gonorrhœa of the second species. But this is not all;

I have no doubt of it's being a dangerous remedy, and altogether unsuited to eradicate the venereal poison. At the commencement of a bad gonorrhœa of this kind, it is well known, that the inflammation first begins upon the inner membrane of the urethra, and afterwards spreads to the substance of the corpus spongiosum and glans: indeed the blood vessels of the whole penis are, in many cases, in a state of excitement; as is evident from the tension, heat, and fulness observable through every part of it. On this important part of my subject I shall quote the words of an author, who has had frequent opportunities of observing the morbid state of these parts by dissection:—

“ The inflammation is often not confined to
 “ the inner membrane of the urethra, but
 “ spreads into the substance of the corpus
 “ spongiosum, affecting both it's cellular
 “ structure and it's glands. Under these
 “ circumstances the corpus spongiosum is
 “ enlarged, and harder, from the extravasa-
 “ tion of the coagulable lymph into it's cells,
 “ and is more vascular than in it's natu-
 “ ral state. The glands being increased in
 “ size from the inflammation, become sen-

“ sible to the touch like very small rounded
 “ tubercles*.”

The effect of so much inflammation in this gonorrhœa is a plentiful secretion of pus from the glandular surface of the urethra; this undoubtedly serves to unload the vessels, to abate the inflammation, and to prevent it going on to suppuration, or rising to such a height, as might injure the structure of the parts. This secretion is to be considered as an evacuation intended to answer these purposes. It's quantity is in proportion not merely to the quantity of the poison upon the inner membrane of the urethra, but to the degree and kind of inflammation in all these parts. From this statement, let any one judge, what must be the effect of an astringent injection, applied to the surface of the urethra in the height of the inflammation. It indeed instantly checks the secretion, but so much the worse for the patient; the inflammation in the corpus spongiosum is thereby increased: and as the inflamed vessels cannot be relieved by the discharge, a metastasis of inflammation very frequently follows this mode of practice;

* Baillie's Morbid Anatomy, p. 227.

the inflammation being frequently translated to other parts; sometimes to the neck of the bladder; or to one of the testicles; and sometimes, though more rarely, to the perinæum; or to the eyes, and other distant parts. Hence arise new complaints, that will require all the ability and attention of the surgeon to remove. These are common effects of vitriolic injections, during the inflammatory state of a virulent gonorrhœa. Were they to act in this manner in every case in which they are employed, they must long since have been discarded. I have indeed myself made use of them, but cannot recommend them; my observation leading me to conclude, that at least one half of those, on whom they are used, will be affected with some of the inflammatory complaints above-mentioned.

From the astringent and sedative powers of the vitriol of zinc, when used to a lax, inflamed, and secreting surface, undoubtedly it not only tends to lessen the secretion, but, by repeated applications, it may (if no inflammatory affection of the neighbouring parts happen to take place) abate the inflammation on the surface of the urethra. The ardor urinæ, chordee, tension and in-

inflammation of the corpus spongiosum, will likewise gradually lessen, and after a considerable time, in many cases, nearly go off, if general evacuations, and the antiphlogistic plan of living be at the same time directed. When we consider, that all these symptoms are produced by the violence of common inflammation, we need not be surprised, if those remedies, which have a power of lessening and removing inflammation, should be able to effect it in this case as well as in others; though it should have been at first excited, and afterwards kept up, by the irritation of a particular poison. But, even in these cases, injections of the vitriolic kind will not make a perfect cure of the gonorrhœa. Sometimes indeed by persevering in their use, the discharge will be entirely removed; and the patient will appear to have received a perfect cure of his complaint: but in other instances, it will not be possible to remove the discharge entirely. In every case I have almost invariably observed, that the discharge returns commonly in two or three days; the chordee and ardor urinæ likewise generally return with it, though for the most part with less violence, and the patient relapses nearly into as bad a state as at the

commencement of his complaint, if the injection be left off. Upon resuming the injection, the discharge, with it's usual symptoms, will again lessen, or disappear: but upon it's disuse, they will return again. And thus the complaint will retreat and return, on alternately leaving off and using the injection, till the surgeon and patient are both tired of following the plan. Nor will it afford any assistance to this inefficient mode of treatment, to repeat the injection more frequently, to continue it a longer time than is ordinarily done, or even to increase it's strength; indeed the last will only render it more stimulant, and increase instead of lessening the discharge.

Having repeatedly tried all these methods, I conceive it to be a duty to confess, that I have not, in any of these cases, been able to effect a single cure by the vitriol of zinc used in injections. It clearly appears, that this remedy has not the power of destroying the gonorrhœal virus; it only moderates the inflammation, checks the activity of the poison, and thereby lessens or removes the discharge, with the chordee and ardor urinæ, as long as the injection is used; but as soon as it is discontinued, the poison recovers it's

power of stimulating the urethra, and reproduces the disease. But these are not all the bad consequences of this remedy, I wish I had not to add a long list of incurable gleet, and obstinate strictures, occasioned by its use. In short, I am convinced, that no remedy which has ever been used for the cure of any complaint, since the time of Hippocrates, has done *more* mischief, than astringent injections in the worst kinds of gonorrhœas. If the use of them be admitted, we should be compelled (as Mr. Bell has done) to divide gonorrhœas into the first, second, third, and fourth stages, and to treat that as a complex disease, which is in general a simple one*. All this,

* The vitriol of zinc has been recommended by Mr. B. Bell, as superior to any mercurial preparation for the cure of gonorrhœas. It has had a fair trial. It has now been used so many years for this purpose, and has been in the hands of so many young men out of the profession, as well as in it, that it would long since have been relied upon with as much confidence for the cure of these complaints, as mercury is now for the lues, had it really possessed the power of making a perfect cure. The same gentleman also acknowledges, that mercurial injections will cure gonorrhœas; and in order to reconcile this fact with the plan of cure by astringents, he observes,

I conceive, arises in a great degree from a favourite hypothesis of some eminent in the profession, viz. that the gonorrhœal virus is *altogether different* from the venereal.

I have tried the vitriol of zinc for the cure of the gonorrhœas of the third species; but here I have been as much disappointed, as in the application of it to those of the preceding species. As there is in these cases much less inflammation, than in the gonorrhœa of the second species, less mischief may indeed ensue from the use of this remedy. But though more innocent, I have not found it more efficacious, having never succeeded in making a complete cure with it, except in a very few instances, in which the disease perhaps did not originate from the venereal poison, but from simple irritation. The complaint, as in the former instance, will go and come upon the use or discontinuance of the injection, but a radical cure is not

that mercurial injections act as common astringents; but how happens it then that the quicksilver ointment, and quicksilver triturated with honey, have been sometimes known to cure a gonorrhœa, when introduced into the urethra, as well as the saline preparations of that mineral?

to be expected.—If these be the effects of injections composed of the vitriol of zinc, we may presume, that the like effects will follow from the use of the sugar of lead, and other sedative and astringent preparations.

Vitriolic injections, as before shewn, will, in some cases only, relieve the symptoms of a gonorrhœa of the second species, without effecting it's cure; but mercurial injections will make a perfect cure of almost every case of this complaint, without the internal assistance of mercury. This position may appear rather extraordinary, after what has been said in the preceding chapter on the internal use of this remedy. Yet when it is considered, that the effect of the venereal poison in a gonorrhœa is local, and that the same poison, when deposited in the form of chancres, or ulcers, upon any of the external parts of the penis, is frequently destroyed by topical applications alone; the assertion may not appear so extraordinary in itself, whatever it may be as connected with the preceding observations.

When the urethra is in a state of high inflammation, a topical application, even of the kind which will destroy the poison on

it's surface, will irritate, and of course add to the inflammation, instead of lessening it; and thereby risk the bringing on an inflammation in the testicle, or some adjacent part. The inflammation must therefore be diminished by other remedies, before it will be safe to attempt the destruction of the poison by mercurial injections. There is a considerable analogy between this method and some circumstances in the treatment of other venereal complaints; as for instance, in the necessity of removing an inflammatory diathesis in the habit, before the internal use of mercury in the lues, or of a great degree of local inflammation in a case of bad phimosis with chancres, previous to the use of the same remedy, or before the application of a caustic as an assistant in the cure of a chancre. The propriety of this practice, in all these cases, is too obvious to need any comment.

Since all the violent symptoms attending the commencement of a gonorrhœa of the second species are owing, as has been already observed, to inflammation, our remedies must of course be such as will remove, or at least lessen it. For this purpose, blood-

letting, repeated purgings; abstinence from flesh-meat and all heating liquors, with the occasional use of opium, are the chief means. All violent exercise should be carefully avoided. Emollient fomentations, or sitting over the steam of warm water, may also be sometimes used with great advantage. If these means be persisted in, as the case requires, they will undoubtedly have their effect in gradually reducing the inflammation, and with it all the symptoms, which it produces. Yet we are not to expect, that they will have the same speedy effect, as if the inflammation were excited by a common cause. We must always keep in mind, that though we are daily using remedies to abate inflammation, the poison is ever acting, and tending constantly to keep it up. As a proof of this, I have met with an instance of violent gonorrhœa, in which a purgative was repeated for thirty days together, and a strict adherence to the antiphlogistic plan of living observed, without producing any material alteration in the complaint, or any considerable abatement of the inflammatory symptoms. Yet, as remarked in a former chapter, I have known all these symptoms

nearly removed in a few days, by the internal administration of mercury, in these cases the most powerful antiphlogistic.

By persevering in the plan already pointed out, together with the use of diluting or demulcent liquids, and gum arabic, a gradual abatement of the ardor urinæ, chordee, and discharge will be obtained. As soon as this takes place, we may venture (but with caution) on the use of mercurial injections: these will generally be found to produce a greater abatement of the symptoms in one day, than the evacuations were able to effect in a fortnight. They, who have been much conversant with this mode of treatment, well know the great relief, which it speedily affords. It lessens the ardor urinæ and chordee, and by degrees the discharge likewise; which it renders whiter and thicker. And so directly does the mercury, in this topical application of it, act upon the virus, that were it safe to attempt its destruction by a single injection of extraordinary strength, or by a strong caustic, as we sometimes do in a chancre, all the symptoms of the disease would very soon go off, and the patient would receive a perfect cure. It is of considerable use in

practice, to know the effect of mercurial injections in these cases, that we may apply them, without loss of time, as soon as the urethra appears to be in a state to admit of their use. In some cases, indeed, we may have recourse to these injections with safety, even after the inflammatory symptoms have appeared; but I have so frequently seen inflammations of the adjoining parts brought on by them, that I conceive it to be a safer practice, not to use them at the commencement of the inflammatory process: especially as those cases, in which they prove injurious, cannot be distinguished from others, in which they are useful. So tender is the urethra in many of these cases, that the mere application of a syringe to it's orifice is painful and irritating.

The mercurial injection, which I prefer to all others, is the diluted solution of muriated quicksilver, prepared in the manner already mentioned in the preceding chapter. That which is there denominated number I. should here be always first employed. For the first week it should be used thrice a day only; afterwards four or five times a day. As long as the symptoms go on decreasing by the use of this injection, we ought on no account

to increase it's strength; but, if there be no progress in the amendment, we must proceed to the use of number II. and afterwards to number III. and IV. provided the discharge continues, and that the urethra, by having become less irritable, admits of our pursuing this course. We must here attentively observe all the directions before laid down, respecting the propriety of keeping to any injection already in use, before we proceed to one of greater strength. From the observations which I have made, I am led to conclude, that very few of the gonorrhœas of the second species will be perfectly cured either by the injections number I. or II. More will yield to number III. and still a greater proportion to number IV. Having arrived at the last named injection, we must in these cases likewise be extremely cautious how we proceed to number V. and yet it is found by experience, that many of the complaints in question require this, and some a still stronger injection, before the disease can be cured. In short, almost all these gonorrhœas may, by a nice management of this injection, be as perfectly cured without the internal use of mercury, as with it; but not without running a much greater

risk of bringing on a swelled testicle, or some other inflammatory affection near the seat of the disease; while stronger injections, and more time, will often be required to effect a complete cure.

Among the cases treated upon the plan recommended, much difficulty will sometimes occur in making a perfect cure. Affections of the habit, similar to those which were mentioned as impediments to the cure of some gonorrhœas of this species, previously treated by the internal use of mercury, may create this difficulty. In such cases we must have recourse to the means before specified*. Even where there is no apparent indisposition of this kind, we may now and then be baffled for some time in our attempts to remove the discharge entirely. It will disappear, and return again and again, upon alternately discontinuing and using the injection, in the same manner as has been described in treating of vitriolic injections: the return of the running generally happens within three or four days; in a few instances it will be a week, and sometimes, but very rarely indeed, a fortnight

* Page 67.

or three weeks after the discontinuance of the injection. In these obstinate cases, I have generally found it necessary to make the injection a little stronger than usual, which will sometimes occasion a slight degree of pain, or a small increase of the discharge. I have indeed, in some instances, succeeded by persevering in the use of the injection number IV. or V. for a month or two after the cure appeared to be completed, without going to any farther increase of strength*. This rule must likewise be observed in many other cases of this species of gonorrhœa, treated solely by injections of any other degree of strength, otherwise we

* As a proof of the superior efficacy of mercurial injections in totally eradicating the venereal poison from the urethra, I can truly say, that, having adopted the plan of treatment recommended in this essay, for the last twenty years, I cannot recollect more than two or three instances, in which it failed of removing every particle of the discharge, and every other symptom of the disease. I have indeed seen some cases singularly obstinate; many months elapsing before a complete cure could be effected. One of the above cases was succeeded by a stricture, which probably occasioned the difficulty in making a complete cure. My observations, however, do not lead me to think, that a stricture succeeds this mode of cure in one case out of a hundred.

shall not succeed in curing them. If we still fail in removing the discharge, it will be prudent to administer mercury internally. From the obstinacy of such a case, we may fairly conclude, that there are little ulcerated spots or erosions in the urethra, which no topical remedy will remove.

Having thus detailed a method, by which gonorrhœas of the second species may be safely cured, without the internal aid of mercury; I think it right to observe, before I dismiss this part of my subject, that, in the treatment of these gonorrhœas, I have, in a considerable number of cases, joined vitriol of zinc to the muriated quicksilver in the injection; even where there has been no symptoms of any indisposition in the habit requiring it. But if it be used indiscriminately in all gonorrhœas of this species, even after the previous use of evacuations, and in that period of the disease which has been deemed proper for the commencement of a mercurial injection, strong objections will arise to its use. For although no more than one grain of white vitriol be added to an ounce of an injection of muriated quicksilver of any degree of strength, it will very often happen, that the discharge shall be stopped too soon,

and an inflammation at the neck of the bladder be the consequence. This compound injection will also frequently give pain and irritate, while an injection with the same quantity of muriated quicksilver, but without the vitriol of zinc, will have no such effect: and lastly, this injection is defective, as not being possessed of that degree of mercurial activity, which may be absolutely necessary to effect a cure of the disease. To illustrate this idea, suppose a case required the mercurial stimulus of number V. and that the urethra would bear this injection (by degrees) without being stimulated so as to excite much pain, or increase of the discharge; yet, if the above mentioned quantity of vitriol of zinc were added to it, both these effects might follow. To obviate them, we must use number IV. but this mixture would be too weak, to effect a cure. If, however, an injection composed of vitriolated zinc, and muriated quicksilver, neither bring on an inflammation of the neighbouring parts, nor excite pain, it very often removes the discharge, and makes an apparent cure of the gonorrhœa sooner than one with muriated mercury only. Yet it often happens, that the discharge returns upon leaving

off the injection, and that neither the continued use of it, nor increasing it's strength, will produce a sound cure under the best management. It must be confessed, however, that in many cases, in which this compound injection is used, the powers of the mercury will prevail, and effect a cure: but, as we cannot distinguish these cases, from those in which it will bring on an inflammation at the neck of the bladder, or excite pain; or from others in which it fails of making a complete cure; I am clearly of opinion, that we ought not to use the vitriol of zinc in injections, except when there is reason to suspect some fault in the constitution; and where, after a fair trial, we find that the discharge cannot be removed, or a perfect cure made, by mercurial injections alone.

From what has been advanced, it appears, that the art of curing gonorrhœas of the second species without the internal use of mercury, consists first in abating the inflammatory symptoms, and then in the nice management of mercurial injections. Whoever reflects upon the state of the urethra in these cases must see, that injections ought not to be used upon any other plan, than what has been here laid down.

The urethra is naturally very sensible; but when it is inflamed, and it's blood vessels turgescient, it is extremely irritable. Of course, an injection of that degree of strength, which would neither give pain, nor produce any inconvenience, when it is in it's natural state, must, when it is inflamed, give great pain, increase the inflammation, and in many cases bring on very serious and alarming consequences. It is therefore absolutely necessary, to begin with injections which are so weak as not to irritate: but when, from the use of injections, the stimulating powers of the venereal poison are upon the decline, and the inflammation abates, the sensibility of the urethra decreases, and by degrees it is at length brought nearly into it's natural state; so that it will then bear, with less pain, an injection four or five times stronger, than it could have done while it was inflamed.

In every species of the gonorrhœa, I have occasionally ordered the balsam of copaiva; but I cannot say, that I have found it of much service. It will indeed frequently lessen the discharge, while it is used; but I have almost invariably found, that upon leaving it off the discharge returns, notwithstanding it had been used for a considerable length of time.

Before I conclude this chapter, it may be necessary to remark, that, although gonorrhœas of the second species may be cured by the use of mercurial injections, without the aid of mercury internally given; yet it may be asked, whether we ought not to administer it as an alterative, in order to prevent the absorption of the venereal poison. It must be allowed, that there is more danger of such an absorption, when mercury has not been given internally, than when it has: yet from the facts which have passed under my own observation, I am of opinion, that, provided the cure be conducted in the manner here directed, a gonorrhœa of the second species will very seldom be followed by the lues; even when no mercury is given internally.

I shall close this chapter with two lists: one, of five hundred cases of gonorrhœa, cured by injections of the solution of muriated quicksilver; and the other, of one hundred and twenty, cured with injections of calomel. These lists are inserted for the sake of furnishing younger practitioners with an experimental standard, by which they may in some measure determine the required strength of an injection. The cases,

to which these lists refer, were chiefly gonorrhœas of the second and third species; but for want of minutes taken at the time, I cannot now tell how many of them belonged to the former, and how many to the latter. In some of the second species, mercury was given internally, according to the plan laid down in the fourth chapter. In others, the cure was obtained by injections only: and some both of the second and third species were cured with the vitriol of zinc added to the injection.

Cured by injections of muriated quick-silver.

Cured with number I.	86
Ditto II.	101
Ditto III.	58
Ditto IV.	134
Ditto V.	47
Ditto VI.	37
Ditto VII.	16
Ditto VIII.	14
Ditto IX.	4
Ditto X.	3

Cured by injections of calomel suspended in water by the mucilage of gum arabic.

Cured with ten grains of calomel,	}	13
to three ounces of water, and		
one ounce of mucilage		

Ditto, with twenty grains of calomel, to the same quantity of	}	47
water and mucilage		

Ditto, with forty grains, to ditto . .	48
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Ditto, with one drachm, to ditto . .	12
--------------------------------------	----

120

NOTE.

I have no experience of the new remedies in the cure of the gonorrhœa, but I place great confidence in what is contained in the following paragraphs, extracted from Mr. Pearson's and Mr. Blair's valuable works.

“ My friend, Dr. Joseph Vigarous, of Montpellier,
 “ informs me, that he has given the nitrous acid with
 “ great advantage in the gonorrhœa. I have not been
 “ quite so successful; for the only instance which has
 “ occurred in my practice, of it's conferring speedy and
 “ decisive benefit in that complaint, is that of Mac-
 “ donald.”

Pearson's Observations on the Lues Venerea, p. 160.

“ Gonorrhœa and leucorrhœa may now and then be
 “ removed by the acids, employed internally or by in-
 “ jections; but they often will produce a troublesome
 “ dysuria, and are not so certain in arresting those dis-
 “ charges as the common means of cure.”

Blair's Essays, Part 2, p. 343.

CHAPTER VII.

OF THE TREATMENT OF THE VENEREAL
GLEET.

THE intention of this chapter is not to treat of gleans in general, but of such only as follow recent gonorrhœas, and are usually called by this name; but they are in fact gonorrhœas imperfectly cured. As in every form in which the venereal poison appears in the human body, it is sometimes eradicated with great difficulty, it is no wonder, that the same difficulty should sometimes occur in removing it entirely from the urethra; especially in those cases, in which a gonorrhœa of the second species has not been properly treated. Part of the virus may be destroyed, but a portion of it may still remain lodged within one or more of the lacunæ, or upon a small spot on the uréthra, where it had penetrated to a greater depth, or had produced a superficial chancre. It should always be remembered, that however small the discharge may be, (provided it be of a yellow purulent kind), it is

not less infectious, than on the first day the disease was contracted; as I have too frequently found to be the case in men, who entering into the married state while in this situation, have unhappily communicated this disease to their wives*.

It is not at all surprising, that the venereal poison, if it be of the same kind as that which exists in a chancre, or a bubo, should sometimes remain a long time within the urethra in an active state. It would be more extraordinary if it did not. I believe that this poison may remain in the urethra in almost an unaltered state, for several years toge-

* From the observations already made on the colour of the gonorrhœal secretion, after the inflammatory stage is over, it must follow, that it is nearly the same in the venereal gleet. I am aware, however, that there are gleets of a yellow colour, having all the appearances of pus, which are not of an infectious nature. In many of these cases, it is certainly difficult to say, whether they be of this kind or not. I think it of consequence, however, that in every similar case immediately following a virulent gonorrhœa, we be very careful not to consent to a matrimonial engagement, without previously using every endeavour to cure this disease. In these cases I must observe, that I have almost always succeeded in totally removing the discharge by the same remedies, as in the early period of gonorrhœa.

ther. I do not assert this from any attachment to theory: my own experience, and the testimony of others, lead me to the conclusion. If the discharge in these cases be proved to be of an infectious nature, and to be curable only by the methods taken for the removal of a recent gonorrhœa, there can be little doubt entertained, that the disease proceeds from the same cause. These remarks may be illustrated by a few extracts from authors of eminence.

Turner says, “ he has frequently known
“ *gleets* infect married women *.”

Sir William Fordyce observes, That he has seen obstinate *gleets* of *two, three, or four years standing effectually cured by mercurial inunctions*, and he suspects that an internal chancre is the cause†.

Dr. Swediaur remarks, in treating of gonorrhœas attended with ulcerations in the urethra, “ that *gleets* remaining after these
“ gonorrhœas, though they obstinately
“ resist all other remedies, yet frequently
“ very readily yield to the use of mercury,

* Turner's Syphilis, p. 450.

† Sir William Fordyce's Treatise on the Venereal Disease, p. 52.

“ either externally or internally applied;
 “ I can even affirm with certainty,” continues he, “ that a gleet of this latter kind
 “ of any standing, can never be radically
 “ cured without it*.” In another part of his work he has the following observation on the same subject; “ I have found a large
 “ dose of calomel, prepared according to
 “ Mr. Scheele’s process, † suspended in a
 “ small quantity of simple water, and injected five or six times a day, preferable
 “ to any other remedy‡.” And in another place he says, “ gleans are often infectious§.”

Even Mr. Bell, who attributes gonorrhœas, and of course gleans, to a poison altogether different from the venereal one, acknowledges the power of mercurials in their cure. He says, “ one of the best injections
 “ for *gleets* is a solution of muriated quick-silver||.” The same author afterwards observes, “ that strong mercurial ointment,
 “ proves often as effectual when rubbed on

* Dr. Swediaur’s Treatise on the Venereal Disease, p. 32.

† Ibid. p. 58.

§ Ibid. p. 63.

‡ Hydrargyrus muriatus mitis. Ph. Lond.

|| Treatise on the Gonorrhœa, Vol. I, p. 193.

“ bougies, as any other remedy employed for *gleets**.”

Van Swieten relates the case of a man, “ who had laboured *four years* under the “ most malignant gonorrhœa †,” which of course in the latter period of it would, by many practitioners, be called a gleet.

Mr. Hunter is also of opinion, that the virus of gonorrhœas, when they terminate in *gleets*, will sometimes last a great length of time: he gives an instance of a woman, who gave a gonorrhœa to a gentleman, immediately on coming out of the Magdalen, where she had been confined for two years ‡.

Supported by these respectable authorities, we may be permitted to infer, that *gleets* of this kind are uncured gonorrhœas.

Before I proceed to the mode of treating this complaint, it is necessary to remark, that it is considered as entirely unconnected with a stricture in the urethra. *Gleets* very

* Treatise on the Gonorrhœa, Vol. I, p. 198.

† Van Swieten’s Commentaries, by Elliot, Vol. XVII, p. 190.

‡ Mr. Hunter’s Treatise on the Venereal Disease, p. 38.

much resembling this discharge, frequently succeed virulent gonorrhœas, and are occasioned by strictures in this canal. These strictures will sometimes (though very rarely) come on in the first stage of a virulent gonorrhœa, when it is attempted to be cured by astringent injections; but they more frequently take place after such treatment, when the cure has been protracted for a considerable length of time, and the disease perhaps at length left entirely to itself. I have observed likewise, that strictures much more frequently take place after the treatment of gonorrhœas in which no injections are used, than where mercurial injections have been employed in a judicious manner*.

* We are told by Mr. Home, that three fourths of the natives of rank in India are troubled with strictures, which is entirely attributed to the effects of gonorrhœa, for the cure of which no local applications are in use. Mr. Home ascribes the prevalence of strictures to the frequent habit in that climate of prolonging the venereal act for a considerable length of time. To me, however, it appears clear, that if the gonorrhœas were treated by local applications, and thereby perfectly cured, these complaints would be much less frequent. From the observations I have made, I am of opinion, that a venereal

In short, a stricture is so frequent an attendant on what is commonly called a gleet, that

gleet will generally continue for a considerable length of time, in spite of every remedy, if gonorrhœas be not treated by local applications. For want of these, strictures will much more frequently follow, through the longer continuance of irritation in the urethra, than where the disease is entirely removed from that canal in a short time, by the judicious management of mercurial injections.

To shew still further the variableness of opinion respecting the use of injections, and their effects in gonorrhœa, Mr. Home observes, (page 40 of his Treatise on Strictures) “ From the idea, that injections do sometimes
“ produce strictures, and that we are unable beforehand
“ to determine, in what cases they may be used with
“ impunity, I have been induced entirely to forego their
“ use in the treatment of gonorrhœa, rather than incur
“ a risk, however small it may be, of producing so
“ seriously distressing a complaint.” If the same rule were adopted with respect to other remedies, in the treatment of many other diseases, and particularly in the application of the caustic to strictures of the urethra, we should be obliged entirely to forego the use of some that are very powerful, because they sometimes produce a disagreeable effect. It is, however, entirely owing to the abuse and injudicious management of injections in the gonorrhœa,—of the caustic in strictures,—and of every other remedy of activity and power employed in other diseases, that seriously distressing effects are so often produced by them.

every practitioner should have an eye to the possibility of it's existence, in every disease of this kind. Strictures, by narrowing a part of the canal of the urethra, contract the stream of the urine: by which it is longer in passing, is voided more frequently, in less quantity, and with more straining than usual. By these symptoms, which are commonly proportioned to the degree of contraction, the disease may generally be known.

But strictures have not always these effects, especially at their commencement; they are so slight in some cases, as to occasion little or no impediment to the passage of the urine: and yet the gleet may probably depend in a great measure, if not entirely, upon their existence. Where a stricture accompanies a gleet, the discharge may frequently be distinguished from that which proceeds either from a recent gonorrhœa, or one in a more advanced stage; as it is mostly thinner, of a more dirty yellowish colour, and accompanied with a greater quantity of colourless mucus. If it be not easy to determine, whether a stricture exist or not, it may be decided by passing

a large bougie. It should be remembered, however, that, although strictures attend many gleans, especially those of very long standing, yet in the venereal gleet there is no stricture whatever, otherwise this complaint would yield neither to the internal use of mercury, nor to mercurial injections, without the aid of bougies, or other means of similar intention.

These statements preclude the necessity of entering into any detail of the method of curing the venereal gleet, as it must be nearly the same as that of a recent gonorrhœa. If we suspect, that there is a small lurking chancre in the urethra, or that this part is excoriated by the poison to such a depth, as not to be easily healed by the action of the injection, we should advise the internal use of mercury, as directed in the treatment of the gonorrhœa of the second species; finishing the course, if any discharge remain, by mercurial injections. If the disease appear curable by injections only, it is advisable to adhere strictly to the use of them; since this method does not oblige the patient to confine himself, as the internal use of mercury does. In the treat-

ment of these complaints it should be remembered, that, the inflammatory stage of the gonorrhœa being over, the urethra is generally able to bear the use of strong injections, and that they may be administered with little danger of exciting inflammation in the neighbouring parts. In those gleets, of which Sir William Fordyce treats, there evidently were deep excoriations, or little chancres, in the urethra; otherwise these cases would not have been *effectually cured* by a mercurial course. These suppositions being admitted, we may infer the propriety, and even necessity of administering mercury internally, in the treatment of some of the more virulent and obstinate kinds of gonorrhœa.

It will occasionally happen, that a perfect cure of the venereal gleet will not be obtained by the use of mercury, either internally given, or administered by injections. In such obstinate cases, the bark, cold or sea bathing, or country air, will assist the intention of injections, which should be compounded of the vitriol of zinc and mercury; especially if the general

habit be unhealthy. It is scarcely necessary to remark, that cold bathing ought not to be advised, during the internal exhibition of mercury.

THE END.

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